The Times and Register.

VOL. XXXI. No. 8. PHILADELPHIA AND BOSTON, APRIL 11, 1896. WHOLE No. 910.

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Original

ANEMIA AND BLOOD MEASUREMENTS *

BY ROBERT T. EDES, M. D., BOSTON, MASS.
Superintendent of Adams Nervine Asylum.

Every step that we make toward definiteness and precision in medical statements is a step forward. Many of us can remember when, if we were describing a case of fever, we said "the skin was hot and dry." Now nobody would be considered to have made anything like a careful report if he omitted to present a chart of the temperature reading to a fraction of a degree.

This is perhaps the most distinct advance that has been made in exactly this direction within our own time, but attempts are constantly being made with new instruments of more or less accuracy and delicacy to put everything in weight and measure.

But there are many difficulties in the way. We cannot measure the force of the heart's beat except through the ribs, we do not feel the pulse or apply the syphygmograph to the artery, but to a skin more or less resistant, padded by a varying cushion of connective tissue. Accurate chemical analyses of excreta are tedious and often utterly beyond the time of the practitioner, and some of them practically impossible upon the patient even in the neighborhood of well equipped laboratories.

Even yet we must take many approximate estimates instead of precise figures.

Notwithstanding the great desirability of precision it must be remembered that a statement in figures, based upon observations which are not and cannot be accurate, is a very deceptive one and gives only an appearance of trustworthiness not at all justified by a closer criticism.

A percentage of "cures" carried to the first or second place of decimals is not of much value when we do not know whether the man who made them is capable of distinguishing between a pseudomembranous and a catarrhal laryngitis or whether he is talking about the recovery from the immediate consequences of a surgi-

* Read before the Norfolk District (Mass.) Medical Society, March, 1896.

cal operation or the complete restoration to health.

I have been led to make these preliminary remarks to what I at first intended to be a brief exhibition of instruments, by a certain feeling of disappointment and as a sort of apology for not being able to set them forward with as much enthusiastic recommendation as I should like to do. It may be that some of you may be led to study the subject, and the means for investigating it, more closely, and inform us how we may avoid errors and inaccuracies which I have not been able to escape.

We are constantly using the expressions "general" and "local" anemia, without always realizing that we are talking not merely about different locations, but different conditions under the same name. When we say "local anemia" I presume we all mean a diminished supply of blood to the part, as to the brain, spinal cord, kidneys or skin. On the other hand, when we use the term "general anemia" it refers, I think, usually to a deficiency in some of the elements of the blood, i. e., a change in the quality of the blood and not to any known alteration in the whole mass, a condition which cannot be accurately determined at all during life and even approximately only by inference.

The instruments I have to show are intended to measure the quantity of the red corpuscles and the amount of the coloring matter or hemoglobin. The determination of the alkalinity of the blood has been sometimes attempted, as also the specific gravity, but with instruments for this purpose I have nothing to do.

The hematokrit shows with a certain amount of accuracy the proportion of white corpuscles, but with the differential count of these, which is often of so much consequence in the diagnosis of obscure blood diseases it has no relation. The hemacytometer has of course the great advantage of showing not only the number, but the kind of the corpuscular elements present.

This last named apparatus has been the longest in use and is familiar to you. It consists essentially in pipettes for mixing the blood with an artificial serum in a convenient ratio and a cell of graduated thickness, ruled in squares in which the numbers of corpuscles are counted under the microscope. If the drop taken is a fair representative of the mass of the blood, if the drop taken from the mixture is an average drop, and if the squares counted are average squares the result represents the corpuscular richness of the blood. Each one of these "ifs," however, involves a possibility of error, which can be avoided indeed by a sufficient number of repetitions but which, especially the last, demands an amount of time, care, eyesight and patience, with always a lingering doubt of the results, which has for a long time deterred me at least from making any investigations in this direction that I could possibly avoid.

I think it can profitably be replaced, except in cases of suspected idiopathic pernicious anemia, by this other instrument, which measures not the number, but the total mass of corpuscles in a large drop.

It is based upon the principle of the cream separator used in dairies, and consists of two graduated tubes rapidly revolving on a spindle, which makes from eight to ten thousand revolutions a minute. The corpuscles being heavier than the serum go to the outer end and pack down into a compact mass, of which the proportion is read off by the graduation.

The particular form I have here was arranged and improved by Dr. Judson Daland, of Philadelphia, and this instrument made under his direction by Mr. Metzger, of that city. It is now, however, in the hands of Bausch and Lomb, the well-known instrument makers.

In the earlier form of the instrument a diluent, a solution of bichrohmate of potass. was used. In this one nothing is used, as it is found if the process is gone through with rapidity enough the separation of the corpuscles will take place before it is prevented by coagulation. This it seems to me is the only risk to interfere with its accuracy.

Comparative studies made under the auspices of Dr. Daland show its

accuracy to be at least equal to that of the counting process. It is certainly far less tedious and fatiguing.

In most of the healthy specimens we have examined, the percentage of corpuscles to the whole mass is not far from 45 one way or the other. The tendency to error, if any, is to the side of excess.

For the color of the blood, which is supposed to represent the quantity of hemoglobin, there have been several forms of apparatus, all depending on the comparison of dilute blood with a standard, more or less arbitrarily taken. Of these I have two here. One of Gooers' consists of a measuring pipette, which takes the blood, to be diluted in a graduated tube, until its color is the same as that of the gelatin, colored with picro-carmin, in the other. It is compact and inexpensive, and can be used by daylight.

The next is the one now used more than any other, the Fleischl. The blood is taken in this little pipette, mixed with water in one side of a cell divided along its diameter by a thin partition and compared with a wedge shaped bar of colored glass under the other side, the light being thrown from below by a dull reflector. Yellow lamplight must be used, i. e., that of an oil or gas lamp, as sunlight does not give a similar color on the two sides.

The glass wedge is moved along until both sides of the cup appear of the same depth of color, and the result is read off on the graduated scale.

This is certainly a very elegant little piece of apparatus, but its errors and inaccuracies are such as, whether absolutely unavoidable or not, I have not yet succeeded in avoiding with sufficient certainty to get constant results.

It is evident that, as the whole thing depends upon the comparison of light shades of a mixed color, the varying sensitiveness of different eyes might, and probably does, make a considerable difference in readings by different persons. This makes it impossible to compare minutely statements made by one observer with those of another.

How widely these may vary is shown in these older sheets where the same specimen was read by a number of different persons, usually myself first and then a number of nurses. We usually consider the color sense more delicate in women, but it does not so appear in most of the cases.

Accurate reading is of course shown by the slight variations in the different reading of the same person at the same time, and the improvement in some cases by practice is shown by the lines becoming more nearly even. I think, however, that after a short time the improvement goes no further.

Where a considerable difference between different observers is shown, a part of the error may be accounted for by actual change in the blood which takes place after a time. This, however, does not apply to the series where the readings were made only by myself, and the same nurse who showed herself a careful reader by the slight variations in her own readings.

In looking over these records and after making very considerable allowances for errors of some size in the color tests it appears that there is a wide range of difference in the hemoglobin richness of the blood in various persons. Although this is exactly what we ought to expect in persons in varying conditions of health and nutrition, our figures do not correspond to such differences, but seem to be rather a matter of personal habit, like fat. I have made one table of persons having quite a good count comparatively, yet whose appearance would indicate decided anemia. The complexion of the face is hardly any guide at all to the condition of the blood. The color of the mucous membranes is probably a better one, though I have not the records to show it.

On the other hand, perhaps the most striking list of all is that of a number of nurses, many of whom are very much below par as regards color, and yet who are doing their work well and complaining of no special fatigue.

A singular exception, perhaps the best count of all of them, is found in one who has been night nurse for many months, and who consequently during the short days of winter can have seen but very little sunshine.

It is difficult to avoid the conclusion that there is a wide range of blood richness which is compatible with a fair degree of health and good nutrition, and also with normal condition of the nervous system.

To express it shortly, we might say that, instead of "normal standard" we should say simply "average standard," and recognize the fact that individual cases may vary considerably therefrom without going beyond the bounds of health—that is, of a good working degree of health, if not of the most robust.

This is exactly what we find in regard to another tissue which we often find coupled with blood when

Percentage of mass of corpuscles in mass of blood. Hemoto krit.	Color.	Percentage of an arbitrary color standard (100). Condition and Appearance.
1	90	Dwarf, well nourished, weak, nervous.
2	87	Thin, anemic; nervous.
3	81-83	Mod. well nourished; headaches.
4	28-53-70-70-75-68	Very anemic; depressed.
5 Low count.	Below 15	Pernicious anemic.
6	73-46-68-66-72	Weak, died at home.
7	65	Hysterical, complete recovery.
8	70-84	Stout, pale; headaches.
9	68-67	Rather thin; depressed, hypochondriacal.
10	78	Well nourished; weak; much improvement.
11	97	Rather thin; hypochondriacal.
12	73	Weak, fanciful.
13	81-82	Decidedly anemic, rather thin, weak; improvement.
14	81	Well nourished; recovery.
15	58	Recovery from bronchitis and neuntis.
16	64	Well nourished; rapid recovery.
17	90-80	Anemic, thin; recovered.
18	68	Melancholia; discharged, insane.
19	78	Well nourished, pale.
20	69-69	Well nourished; suspicious and unhappy.
21	64-65	Pale, worn; gained color and strength.
22	75-76-66-76	Pale, thin; constant pain.
23	66-75	Gastric; weight increased from 53¾ to 79 pounds.
24	36-36-35	Neuralgia from typhoid.
25	78	Constipation, abdominal pain.
26 40	63	Agoraphobia.
27	67-5	Thin; depressed.
28	63-61-62-75	Abdominal pain; later, insane.
29 49	68	Very stout, menopause.
30	85	Acute prostration; recovered.
30½ 38-5	72-65-61	
31	86	Epilepsy.
32 to 41 Taken with Gooers' instrument; not comparable to others. Higher.		
42	87	Improvement; then again in similar condition.
44	63-73	Thin, pale; bad digestion. Entered again.
45	44-63	Badly fed; notional.
46	80	Depressed.
47	58	Well nourished; neuralgia.
48	75	Weak; hypochondriacal.
49	87	Well nourished; good complexion; headaches.
50	55	Emaciated; pain; vomiting.
51 41-38	70	See No. 44.
52 43	45	Large; pale.
53 49	65	Not well nourished; improving.
54 41-42	70-69	Good color; moderately strong.
55 44-43	65-64	Pale; weak.
56 40	70	Well nourished; now insane.
57 35	59	Tall; up and about; rather pale.
58 43-40	83	Well nourished; pain in back.
59 41	72	Well nourished; depressed; headache.
60 46-43-5-48-72	81	Large, well nourished; good color.

61	36	76	Weak, pale.
62	34-5-32		
63	42	44	Hysterical; good color.
64	39	71	Ashy complexion.
65	37	55	Rather thin; slight dyspepsia.
66	44	64	Corpulent.

NURSES.

Miss W.	36	61	About a year here.
Miss S.	33	62	
Miss F.	44	74	Delicate complexion; rather thin face; new nurse.
Miss F.	40	69-85	Night Nurse.
Miss W.	37	62	
Miss G.	31	52	All of these have been with us more
Miss T.	41	57	than a year.
Miss M'C	42	60	

MEN.

Dr. J.	43	83	Strong and well.
Mr. W. (gardener)		76	Strong and well; not florid.
Mr. B.	42	88	Act. about 20; very strong.
Mr. G.	48	74	
Dr. R. T. Edes	45	70	Large number of observations, varying considerably.

speaking of nervous affections in particular, i. e., the fat.

We find in the tables that a man of a certain height ought to weigh so many pounds, and we know that when he gets too far away from this standard the life insurance examiners look askance at him, but we know also that moderate variations are of no consequence at all and even great ones not incompatible with long life.

As I have already suggested, we cannot by any possibility measure the total mass of the blood. It is by no means an easy thing to do even after death, and in the physiological laboratory, and I know no reason why the blood should bear an absolutely fixed relation to the weight of the body any more than the fat does.

It is highly probable, however, that deficiencies in the color richness may be compensated by a larger total quantity.

The temporary revivifying effects of the introduction of a large amount of fluid into the system, as in the intravenous salt injection in cholera, are well known, and it is more than probable that in more chronic conditions a maintenance of due pressure and vigor of circulation are of as much consequence as the richness of the fluid circulated. The so-called "salt frog," who has practically no blood at all in his vessels, retains his nervous irritability for many hours.

Exactly what the limits of health may be within which the proportion of hemoglobin may vary, I certainly should not like to say, until I feel surer than I do now of the limits of error in the methods. Laache gives a variation among thirty healthy persons in the count between 4,392,000 and 5,539,000 in men, and 3,924,000 and 5,000,000 in women.

For hemoglobin (I do not know his method) the corresponding figures are .098, .125, and .084, 110. Our limits would, I am confident, be wider than this.

In conclusion I may say one word about the treatment of functional nervous affections based on the making of fat and blood. I have no wish to discourage the attempt to build them up. It is the most obvious, the easiest, sometimes the only thing to do, but it is not always all that is necessary. Nervous symptoms must be treated through the nervous system, but there is no better foundation to build upon than a vigorous hematic nutrition. On the other hand, a very fair amount of nervous energy may be retained on a basis which is less than the theoretically desirable or even than the most usual figure.

VASCULAR MOBILITY AND STASIS, INTERRUPTION, ARREST AND RESTORATION OF THE SANGUINOUS WAVE, PHYSIOLOGICAL AND PATHOLOGICAL.

BY THOMAS H. MANLEY, M. D., NEW YORK.

FRIGOSTASIS, OR THE ACTION OF COLD FLUIDS ON NUDE SURFACES, AND THE DESTRUCTIVE ACTION OF HOT FLUIDS IN MAJOR AMPUTATIONS.

Cold diminishes peripheral vascular action, or, when intense, temporarily inhibits all vitality, whereas an extreme degree of heat totally destroys. Herein lies the cardinal distinction in their modes of action, never to be lost sight of: The former suppressing hemorrhage by depressing vital energy; the latter chemically annihilating it. Heat acts as a hemostatic by boiling, roasting or baking the tissues. This is made evident to the senses when the sizzing tissues give forth an odor of roasting flesh, and in amputations when the steaming, scalding fluid sears and blanches the bare, quivering fibres an aroma is given off not unlike that escaping from a pot of boiling soup. This means chemical changes and the death of protoplasm.

If in mutilating wounds or in those surgical conditions necessitating an extensive division of vascular parts our only aim were the suppression of hemorrhage, then thermostasis is without a rival; but the experienced operator well knows that something more than the mere suppression of bleeding must demand his attention. The preservation of structure and the restoration of function are matters of some moment; in other words, something more than a "successful operation" must be kept in view.

At the time when orthodox antisepsis had full sway; when in every description of amputation through healthy parts the bare, divided parts were flushed with strong corrosive solution or hot water, I noticed that, although the flaps often sealed up as though glued together, this aseptic union counted for nothing; nay, in many, the consequences were most disastrous, the resulting stump being often worse than useless. This at first was a mystery to me, for I well remembered in my early hospital interneship, when, though primary union seldom occurred after amputation, the stumps could comfortably bear a prosthetic apparatus. When I came to critically investigate the subject, however, the cause of the trouble was simple enough; the irritating solutions had set up an insidious neuritis with bulbar enlargements of the divided nerve trunks or an osteo-myelitis, a wide-spreading fatty softening of bone tissue. In the cancellous ends of the bones this was fearfully destructive. Operators seemed to have forgotten that no tissue in the body, not even excepting the brain itself, is more susceptible to an irritant than nude living bone, which fact so generally precludes us from accomplishing practically anything by the aid of screws, pegs, rings or rivets in compound fractures. More than once in my own and the amputations of others I have had to make consecutive operations for the serious troubles following those irritating chemical and hot fluids. In one case of a medio-tarsal amputation six months after amputation in a young, healthy man, though union was prompt and the bones well covered by a thick plantar flap, the stump remained as tender as a boil and was the seat of severe pain. On secondary amputation the bones were found of an oily, punky softness, into which the end of the finger could be pushed as through a cheese. This fatty softening extended as far up as the middle third of the leg.

In another case, a boy, in consequence of the same entirely avoidable sequela, on secondary amputation, I had to pass from the ankle to

just close enough to the knee to just spare through this articulation.

For the past five years in amputations in continuity or disarticulation I have wholly dispensed with every description of antiseptics or hot water on the nude parts, depending entirely on cooled sterilized water and pressure. In young, healthy subjects the less fluids of any kind the better. Pressure with sterilized gauze will almost invariably suffice for all bleeding, except that coming from the large trunks which are securely ligated.

It is only important that the operator be patient and maintain steady pressure over the entire field for some moments. The bleeding will have stopped, a layer of coagulated plasma will clothe over the divided fibres, providing a non-irritating investment, which art cannot imitate.

The subject of the circulation within the various bones of the body, the osseous system, is one which is not dealt with in the average textbooks on anatomy with that fullness and detail essential to those who are called on to treat traumatic or pathological lesions of bone substance in various stages of existence and under divers circumstances.

We have seen that disaster may follow in consequence of chemic changes succeeding the application of intense heat over bone surfaces; the manner in which degenerative changes involving the integrity of it, as induced through the circulation, will next be considered.

L'ONANISME CHEZ LA FEMME.

BY DR. POUILLET, FRANCE.

Translated from the sixth edition by Dr. F. E. Chandler.

(Continued from last Number)

TREATMENT CONTINUED.
CLITORIDECTOMY.

Amputation of the clitoris has been practiced and extolled.

Done with the bistoury, scissors, or with the galvano-caustic knife, clitoridectomy is a very simple operation; the same is true of section of the ischio-clitoridian nerves that has been proposed as a substitute for it, but which is not of equal value.

In our opinion, we should have recourse to this operation only when all other curative methods have failed.

Professor Braun, of Vienna, in the Annales Medico-Physiologiques, 1860, gave the same opinion.

Occasionally, success is only temporary. Professor White notes two cases, and Guerin, one (that we have already quoted), where ablation of the clitoris by the cautery in a woman, 27 years of age, caused interruption of her onanistic habits, only until the wound was cured.

A young girl, whom manualization had brought to marasmus and whom Robert had cured temporarily by amputating the clitoris, relapsed a few months later.

Generally speaking, however, the operation gives the result expected of it.

In quoting Robert's case, mentioned above, Velpeau adds, "To this fact I will add that I have seen two cases where ablation of the clitoris completely cured a condition which caused the parents of the patients to despair of any relief."

After reporting a case of nymphomania in a woman 35 years of age, where cure followed clitoridectomy. Deslandes quotes the following observation of Biett's: "Mlle. X., 10 years old, of vigorous constitution and good muscular development, had been addicted to onanism since her second year.

"She owed this habit to her nurse, who, having noticed that handling the clitoris of the child caused it to cease crying, did not hesitate to

employ this dangerous expedient continually.

"The child, having been taught in this way to masturbate, gave herself up to it with the greatest ardor, and soon showed the usual signs of intense physical and moral deterioration.

"Every known remedy was tried and in vain, until the parents consented finally, to a clitoridectomy. This was performed by Dr. Jobert and a complete cure resulted."

Deslandes says, "Many persons are very much opposed to this operation, and demand if it be right for anyone to root out, as it were, sensations that might have been the charm of existence."

Our author states, as his opinion, that there should be no hesitation in performing this operation when it is a question of saving a life, of keeping a mind from the darkness of idiocy or insanity.

He adds also that there is nothing to prove that ablation of the clitoris nullifies absolutely the venereal sense.

He could have been more affirmative still. The clitoris is by no means the only centre of erotic sensation, even if it is the chief one; vaginal and uterine masturbation prove this perfectly.

I will now terminate what I have to say relative to the treatment of masturbation by calling attention to a simple therapeutic measure that has often been successful in my hands. It consists in cauterizing with the nitrate of silver stick the entire mucous surface of the vulva, without forgetting the clitoris and the two surfaces of its prepuce.

Intensely painful for one or two hours, a morbid sensitiveness follows, lasting one week or more. This is of no intensity if the vulvar mucosa is not touched, but becomes unbearable upon its contact with any object.

Forced to cease masturbation, the girl or woman interrupts, for a greater or lesser length of time, her ordinary maneuvers, and if the cauterization be repeated, gradually loses the habit.

CHAPTER VII.

DEDUCTIONS.

This conscientious, if incomplete study of onanism in women, brings us to the following conclusions which sum up the work:

A. Feminine masturbation has existed from the most remote ages. It may be found in all countries and in all classes of society, and seems to be most prevalent where civilization is most developed, where the morals are loosest, and where sexual precocity is most common.

B. Its forms vary according to the age, condition, mode of life or particular likings of the patients combined with their more or less complete knowledge of the varieties of genital pleasure.

C. Its causes are as numerous as varied. Sometimes they are physical, and under this head we must mention the climates, temperaments, idiosyncrasies, morbid conditions, external as well as internal, and the mechanical actions that develop venereal desires or awaken the idea of genital pleasure.

Sometimes the causes are social, that is to say, either inherent to riches, as idleness, so prolific in incitements of all sorts, or inherent to poverty, as misery with its promiscuousness of the sexes and the corruption of the shops.

Masturbation develops often under the impulse of intellectual and moral influences, caused by an unhealthy curiosity and the desire to learn of unknown pleasures, suggested by the sight of obscene pictures or of lascivious movements, by reading shady or highly romantic books, by overhearing "droll stories" or obscene remarks, by frequenting bad companions, by thwarted inclination and by culpable instruction in sexual matters by servants or teachers.

The mature woman may become an onaniste by a train of circumstances of another kind; among these are the innate need of enjoyment at a certain period of life, and the desire to satisfy this need which they are deprived of by the impotence or absence of a husband, the fear of pregnancy, infirmities, slowness in

terminating the venereal act, want of harmony in the size of the copulative organs, unnatural coitus, etc., etc.

Besides the above, we have the innate desire of the male to see the pleasure he enjoys shared by his companion.

Heredity and untimely questioning during confession may be added to the list.

D. Onanistes may be recognized by an ensemble of physical, intellectual and moral symptoms. The face is thin and wan, the eyes dull and lustreless, the glance uncertain, timid, the pupils are dilated and—valuable diagnostic point—deviate slightly from their normal centre; a brownish or bluish circle surrounds the lids, which are reddened, heavy and stuck together in the morning. The body is thin, in spite of a voracious appetite, and afflicted with partial or general trembling; it is feeble, sensible to external influences, to cold especially; their step is not firm and their movements somewhat inco-ordinate. If the onaniste have a wound in process of cicatrization, it heals slowly and becomes covered with recent ulcerations that, according to Baraduc, are pathognomonic of manualization.

In girls not yet nubile, the genital organs are abnormally developed; the nymphae and the clitoris are prominent, swollen and in continual partial erection.

The vulva and vagina are gaping and moist; their mucosa is of an unhealthy red color and sometimes excoriated or more often pale and discolored.

The onaniste loves solitude; she is sad, taciturn, given to dreaming; her mind is obtuse, incapable of mental application; she is indifferent to the games usually enjoyed by girls of her age; lazy, forgetful, given to lying, and sometimes extraordinarily fond of some companion, or better, perhaps, accomplice.

E. The evils resulting from manualization are more or less severe as the constitution of the patient is sound or weak; if the habit is of ancient date or a recent acquisition, and, especially, if the onanistic maneuvers are repeated with great frequency or occasionally only. It is, therefore, of great importance that the physician should be thoroughly acquainted with this vice and its sequelae, so as to be able to treat understandingly many diseases of otherwise doubtful etiology.

The pathological conditions caused by onanism are local and general. Among the former are redness and excoriations of the vulva, rupture of the hymen, erythema and eczema of the thighs, idiopathic leucorrhea, vulvitis, vaginitis, hypersecretion of Bartolin's glands and their phlegmonous inflammation, symptomatic leucorrhea, acute metritis and the different chronic forms of the same disease, relaxation and prolapse of the vagina, weakness of the uterine ligaments and uterine displacements, metrorrhagia, possibly carcinoma uteri, incontinence of urine, cystitis, nephritis, partial or general peritonitis, pelvic abscesses, foreign bodies in the vagina, uterus, bladder or rectum, syphilis by transmission, sterility and abortion.

Among the general diseases let us mention epilepsy, hysteria, catalepsy, ecstasy, infantile eclampsia, chronic neurasthenia, the different neuralgias, chorea, encephalitis, softening of the brain and chord, meningitis, paralysis, disorders of hearing, touch, taste, smell, and especially of sight (asthenopia, mydriosis, photophobia, amaurosis), imbecility, idiocy, melancholia, hypochondria, mania, homicidal mania, kleptomania, lypemania, nymphomania, suicidal mania, dementia, general paralysis and imbecility.

The less severe mental disturbances must not be forgotten—bashfulness, irritation, impatience, egotism, apathy, loss of will power, and aversion to marriage and to coitus.

In addition to these we have coughs, loss of breath, thoracic pain, phthisis, hoarseness, laryngitis granulosa, palpitations, leipothemia, syncope, cardiac diseases, anemia.

Finally, we must mention gastralgia and dyspepsia, incomplete assimilation—from which result emaciation and marasmus—flaccidity of the muscles, amyosthenia, rickets, malformation of the spine, etc., etc.

1. The prophylaxis of onanism con

sists in avoidance of all the causes we have enumerated combined with good, sensible hygienic measures, a good education, and a constant, although not obvious surveillance of the patients, their friends and all other persons who come in contact with them.

The curative treatment is more difficult; it is not sufficient to suppress the cause, but we must root out a most tenacious habit.

If we have to do with children or young girls kindness and moral suasion should be tried first; then intimidation, threats, reprimands or rewards; we should reason with them, using at the same time hygienic therapeutics—that is, to say, physical exercises of all kinds. We should endeavor to turn the vicious direction of their imagination by inculcating an artistic taste. We should calm the nervous excitability of their genital apparatus by special drugs that are always excellent adjuvants to any method of treatment, and which occasionally bring about a cure when the vice is not too deeply seated or is caused by an irritative trouble of the innervation.

Drugs are still useful and often efficacious in adults whom an idiosyncrasy or a bad heredity lead in pursuit of pleasure, as well as in those whom continence or forced abstinence torture, and also in those whose desires are not calmed by marriage.

Advice is of more use to women than to children. The physician, gently or roughly, as the case may require, should endeavor to persuade his patient. Calling to his assistance everything that will affect or frighten her, he will describe the horrors of a precocious old age to one; to another he will depict the physical and intellectual decrepitude toward which she is hastening; to all without exception he will complacently enumerate the long list of diseases both of the body and of the mind that will inevitably attack them, putting especial weight upon the terrible train of symptoms leading to insanity.

To the married woman he must predict sterility and abortion for herself, and for her children, should she chance to bear any, deformities, rickets, scrofula, neurasthenia, idiocy and tuberculosis, even in their cradle.

In young patients, as well as in older ones, in spite of their good intention to get well, moral therapeutic and hygienic treatment may fail. In these cases we must have immediate recourse to repression; if the patient be a child, to corporal chastisement—too often useless, alas!—and to surgical procedures, which are often of great use in those grown persons whose will powers is too feeble to resist the temptation of the vice. Metallic gloves, the straight-jacket and especially the "ceinture contentive" should be employed for a suitable length of time.

Next, repeated cauterization of the vulvar mucous surfaces is in order. After this, if success is wanting, we should decide upon ablation of the clitoris or clitoridectomy, an operation that has succeeded more often than it has failed. It is almost exceptional that the physician, with all these different methods at his command, and patiently employed, can not finally succeed in eradicating onanism.

As to those husbands and lovers, so numerous nowadays, whom depravity or a reprehensible deference to their consorts' wishes induce to awaken by unnatural means the voluptuous spasm in their companions, the physician should tell them categorically that they are endangering the health and lives of their bedfellows.

This will suffice to stop them if they have not fallen into utter abjection and become cowardly and ignoble brutes.

(The End.)

THERAPEUTICS OF ARISTOL.

BY G. C. M. MEIER, M. D., NEW YORK.

Aristol is one of those remedies that give one more satisfaction the longer it is used. For about four years I have employed it in all kinds of wounds and ulcers, and have never been disappointed in its cleansing and healing effects on the sore. It undoubtedly takes the place of iodoform in every case, being exempt from the disagreeable odor of the latter, and also from the slightly toxic effects that must always be taken in consideration when using the latter product on any very extensive surfaces.

Aristol may be used in different combinations, either in the powder form, as an ointment or dissolved in collodion. Mixed with equal parts of boric acid, it makes a very desirable powder for insufflation into the nasal passages, especially where an odor is to be subdued, inherent in the discharge of from crusts formed on ulcerated surfaces, as in ozena. Otorrheal discharges yield even more readily to this combination of aristol powder than to boric acid insufflation alone; the odor is at once overcome and healing of any ulcerations and abrasions rapidly takes place.

The same powder can also be beneficially used on discharging ulcers, where it will have a tendency to arrest the formation of pus, and the sore will in a few days become dry and clean and take on healthy granulations. Particularly in ulcers of the leg great benefit is derived by dusting on the pure aristol and then bandaging or strapping the ulcer.

An excellent dressing is obtained by dissolving aristol in collodion, 20 grains to the ounce, and painting it over any clean-cut surface which has been sutured. Usually I employ horsehair sutures which have been previously steeped in a carbolic acid solution. This dressing does away with any bandaging, and where the wound has been first made aseptic and the surfaces have been brought well in apposition by careful suturing the dressing can remain on permanently until the sutures are to be removed, no inflammation or suppuration whatever taking place. A very slight smarting, due to the evaporation of the ether while the collodion becomes firm, is the only drawback to this method; but this passes over so rapidly that it need not be taken into consideration as any objection whatever.

In erysipelas the application of a solution of aristol in collodion will be found an ideal dressing. Besides the pressure which has already been found useful, which is exerted by the collodion itself, the aristol exerts its own influence on the micrococci or erysipelas. Of course, flexible collodion should not be used in the prepation of this dressing. In chancroids I have obtained the best results by powdering on the pure aristol twice or three times a day after first cauterizing the lesion with sulphate of copper, which is immeasurably superior to the old nitrate of silver stick treatment. The copper is an excellent stimulant to healthy granulations, and the pain it produces does not last any longer and is not as severe as the application of the nitrate. In hard chancres it may be applied mixed in equal proportions with calomel, dusted on the sore three or four times a day, and will give gratifying results.

In burns and scalds of any degree, after preliminary treatment with the most excellent carron oil (linseed oil and lime water in equal parts), there is no remedy superior to aristol in the form of an ointment, one drachm to the ounce simple ointment. I never use vaseline or any mineral fats as the basis of an ointment; they are disappointing and often irritate the wound, which latter effect may likely be attributed to the aristol incorporated with it when it is wholly due to the base of the ointment. Aristol never produces irritation, but I think it is better to allay the congestion and heat of skin in a burn by previously treating it with an alkaline solution or an alkaline oil, viz., carron oil. The dressing with the aristol ointment should be covered with cotton batting and a

bandage snugly applied; the wound remains dry and heals beautifully, without odor or discharge, if the dressing be left in place for two or three days before changing; and, what is most astonishing, the scars so often left on the healing of burns are much less prominent and tend less to contraction and producing deformity than with any other method I have employed. In bed sores, after thorough cleansing the latter with a solution of carbolic acid or corrosive sublimate or even with boiled (sterilized) water, the effect of an aristol ointment will be surprising; the indolent sore takes on healthy, florid granulations, and the healing process rapidly progresses, if at the same time the pressure of the bed be removed from the ulcer by an inflated ring or a nest of oakum.

It is always to be remembered, however, that aristol does not act more beneficially than any other remedy where there are other causes to prevent the healing of a wound. Always put the diseased part in as good a position as possible for nature to exert her recuperative powers, and then, indeed, aristol can be said to act magically. Besides, how often does a patient absolutely refuse to use the ointment or powder whose odor he has learned to know from a friend, perhaps, who was suffering with some venereal disease. The idea uppermost in the mind of the laity when they detect the odor of iodoform is one reverting to its principal use at the time of its first introduction, and they invariably connect the possessor of it with some form of venereal disorder. Besides this humiliating suspicion, the introduction of such a penetrating, and, to most people, disgusting odor into a family entails a vast amount of discomfort on its members. The atmosphere of the whole house, the dinner, clothing and everything else is flavored with that sickly scent and social intercourse with outside friends is often absolutely interdicted. In abdominal surgery Dr. R. Morris has proved, by experiments on rabbits, that aristol was invaluable in preventing adhesions of the intestines after the removal of morbid growths; by dusting it thickly on the raw surfaces these become so well protected and isolated that adhesions cannot occur, and repair goes on under this covering in a perfectly aseptic manner. The absolute safety of its absorption allows its profuse application without any misgiving.

In endometritis, after thorough cauterization of the diseased membrane or curetting, the value of aristol in powder by insufflation is especially to be recommended. No deleterious effects from absorption need be feared and perfect asepsis is assured. Its value in ulcerations of the os and lacerations of the vaginal wall is self-evident after what has been stated above.

Editorial

THE TIMES AND REGISTER is published Bi-weekly—Twenty-six issues a year.

All communications, reviews, etc., intended for the editor should be addressed to 367 ADAMS STREET, DORCHESTER, BOSTON, MASS.

THE TIMES AND REGISTER is published by The Medical Publishing Co., 718 Betz Building, Philadelphia, Pa., to whom all remittances should be made by bank check, or postal, or express money order.

Subscription price is $2.00 a year in advance. Foreign countries, $2.50. Single copies, 10 cents.

Advertising Rates may be had on application.

Original articles of practical utility and length are invited from the profession. Accepted manuscripts, will be paid for by a year's subscription to this journal and fifty extra copies of the issue in which such appears.

Reprints of Original Articles are not furnished except on payment of cost price by the author.

Entered at the Philadelphia Postoffice as second-class mail matter.

ANOTHER RAY DISCOVERY OF IMPORTANCE TO THE MEDICAL PROFESSION.

It has been announced that Mr. Edison has made a new discovery in relationship to the Roentgen ray, whereby he does away with the photographic plates and enables the solid parts of the body to be examined directly by the naked eye and their internal arrangement exposed to view. Moreover, he intends to produce an apparatus that will be inexpensive and applicable to the private practice of physicians, hospitals and dispensaries.

The apparatus consists of a double tube vacuum pump attached to a wooden upright, the exhaust mercury pipe running into a small wooden box alongside the pump in which the tube is placed. The electrical current is furnished from an ordinary battery and induction coil under the box, or any other convenient place, and the wires lead through the bottom of the box, obviating any possibility of surgeon or patient receiving a shock.

When a patient arrives at the hospital the surgeon will turn on the current and place the limb or portion of the body to be examined across the top of the box containing the tube, and fasten over his eyes the new theroscope, a large field glass without lenses, the outer end being covered with paper coated with calcium crystals. The cover of the box offers no material resistance to the passage of the rays, and the surgeon is able to examine the injured limb at leisure.

If this proves all that is desirable there will shortly be a revolution in medicine and surgery. Our suppositions and theories will melt away in the presence of visible facts. We will not only be enabled to see the human machinery "in motion," but to determine its relief in the event of break-downs. It would not be without reason to hope that we even might attach a microscope to the apparatus and observe the action of bacteria and blood corpuscles within the living organism.

AMENORRHEA AS AN AUTO-INTOXICANT.

Charrin (Medecine Mod., January 11, 1896) is inclined to the old view that chlorosis is the result, not the cause, of amenorrhea; he terms it a menstrual auto-intoxication. Immediately before the period the toxicity of the serum is at a maximum. Wet nurses who menstruate during lactation are apt during the days preceding the show of blood to cause their sucklings to suffer from diarrhea and cutaneous eruptions. Such women themselves often have herpes and fever. When the "show" appears health is restored, and the infants again thrive. Charrin finds that menstruation is a true excretory process, a purging of waste products. In sickly young girls the ill-development of the histological elements of the genital tract prevents this elimination. Waste products accumulate, and the phenomena of chlorosis develop.

MORE SCIENCE.

Nicola Tesla, the young electrician of marvelous resources, says he is working on a scheme for instant communication between all points of the world by means of simultaneous electrical processes, using the electrical waves known to exist in the atmosphere. This may not strike the average reader as surpassing modern conception of the possibilities of electricity as a means of communication, but when the daring discoverer declares that by the same means it may be possible to communicate with some of the near-by planets interest grows to the point of incredulity. If it be even remotely possible to pierce the mystery of the silent universe which lies around us and to demonstrate what so many now believe that this whirling ball on which we live and move is but one, and mayhap an insignificant one, of many inhabitated spheres, then, indeed, do we stand upon the threshold of a new life.

INSOMNIA IN CHILDREN.

In the selection of a hypnotic for the various conditions of sleeplessness in children, much difficulty has hitherto been experienced, since the remedies at the disposal of the physician were known in some instances to give rise to dangerous and even lethal effects. As it was impossible to foresee in what cases these unpleasant sequelae might ensue from the exhibition of any given hypnotic, the physician has often been led to abstain from their use in patients who might have greatly benefited from the administration of a suitable agent of this kind. Of the numerous attempts made to find a drug which would produce normal sleep, both safely and promptly, one deserves especial attention since it resulted in the discovery of a substance named Trional, which in may respects deserves the title of an ideal hypnotic both for adults and children. Among the most recent authors who have made this drug the subject of a careful clinical study, is Dr. Pasqual de Gennaro (La Pediatria, Nos. 10 and 11, 1895), who regards Trional as an extremely valuable hypnotic in pediatric practice which exerts no influence upon temperature, respiration, pulse or digestion. After-effects were only seldom observed, even when it was employed for a long time, and then disappeared as soon

as the remedy was discontinued for a day. Its effect was usually manifested within a period of fifteen to thirty minutes, and in no instance did the patients become habituated to its use; in fact, after its continuous administration for fourteen days its action remained the same. The dose ranged according to age, from 0.1 to 1.0 gm.; in a ten-year-old girl sleep was produced by smaller doses than 1.0 gm. Its duration varied between one and four hours, and seemed to be in direct relationship to the dose administered. The sensibility and reflexes remained uninfluenced while the nutrition was not affected. In conclusion, the author discusses the question, which of the three hypnotics—chloralose, urethane or Trional—is best adapted for pediatric practice. In view of the inconstant action of urethane and the possibility of unfavorable after-effects with chloralose, he expresses a preference for Trional on account of the rapidity and reliability of its effect, its ease of administration and perfect innocuousness.

OUR STUDENT DAYS.

BY LOUIS LEWIS, M. D., PHILADELPHIA.

Our student days! Our student days!
What joy their remembrance begets;
How our spirits would raise at the teacher's praise;
How his anger aroused our regrets.
How hard we would hustle, with nerve, vein and muscle,
As our scalpels their course displays;
And the leave of our memories mournfully rustle,
As we think of our student days.

Our student days! Our student days!
What tedious times were they;
As hour after hour we painfully gaze
At "Pepper" and "Leidy" and "Gray."
How leaf after leaf did but add to our grief,
As we groped our way out of the maze,
And we pondered o'er "Dunglison," seeking relief,
In those terrible student days.

Our student days! Our student days!
They will never come back any more;
Those laughs at the lecturer's comical ways,
And the group at the hospital door;
And our wearisome groans as we studied the bones,
And the part that the blood-current plays;
How the names of the muscles awakened our moans,
In those wonderful student days.

Book Reviews.

DIAGNOSIS AND TREATMENT OF DISEASES OF THE RECTUM, ANUS, AND CONTIGUOUS TEXTURES. Designed for Practitioners and Students. By S. G. Gant, M. D., Professor of Diseases of the Rectum and Anus, University and Woman's Medical Colleges, Kansas City, Mo. With two chapters on "Cancer" and "Colotomy" by Herbert William Allingham, F. R. C. S. England. One Volume, Royal Octavo, 400 pages. Illustrated with 16 Full-Page Chromo-Lithographic Plates and 115 Wood-Engravings in the Text. Extra Cloth, $3.50 net; Half-Russia, Gilt Top, $4.50 net. The F. A. Davis Co., Publishers, 1914 Cherry Street, Philadelphia.

This is one of the most complete books of its kind we have seen for the general practitioner. Every subject is so classified that the physician can find what he wants without trouble. The illustrations are excellent, original, mostly from photographs, and clearly representative. It contains everything up-to-date on the subject, and the press work and lithographic plates are exceptionately good. It contains two important chapters on the effects of railroading as a cause for rectal troubles, and auto infection of the intestinal canal. Every practitioner should have a copy.

CONSUMPTION: ITS NATURE, CAUSES AND PREVENTION. By Edward Playter, M. D. William Briggs, Publisher, Toronto, Canada.

This is a work on this subject which it is refreshing to read, inasmuch as it has been written with an evident desire to do the most good from an unbiased mind. While the book is written with an intention of distribution among the public generally, the general practitioner will also find in it many things worthy of his notice.

Dr. Playter has followed along the same train of thought in his treatment of the subject that I did a year and a half ago, in a similar brochure on consumption, but Dr. Playter has gone into the subject with greater detail. He lays due responsibility for the ravages of consumption to the bacillus, but denies that it is or may be the sole cause. This fact cannot be accepted at the present time, because of that recognized condition, the pre-tubercular state, which exists in persons in whom tuberculosis is subsequently developed, but who at the time of examination do not give evidence of tubercle bacilli.

That perfect elimination is the essential feature in the animal economy, which leads to a prevention of phthisis is also an established fact, and this, coupled with perfect respiration will perform wonders towards the cure of the affection.

Dr. Playter rightly states that there is not, nor will there be, any specific remedy for pulmonary tuberculosis. A strengthening of the blood cells to perfect elimination by establishing perfect oxidation will come the nearest to specific medication.

F. S. P

NEW YORK COUNTY MEDICAL ASSOCIATION REGISTER OF MEMBERS. 1895.

This is a valuable directory of both members and non-members of this Association, who are regular practitioners of the County of New York, together with notes and comments of the last meeting of the Association.

Electro-Therapeutics

DR. S. H. MONELL, Editor.

THE DEVELOPMENT OF THE ROENTGEN RAY AND ITS RELATION TO MEDICINE.

Our former article on Prof. Roentgen's remarkable discovery, which appeared in the Times and Register, was written before any notice had been given the subject by any medical publication. Even at a much later date many of our leading medical and surgical journals expressed the view that the clinical value of the discovery would probably be small. It is now worth while to state that the forecast of its value made in our electro-therapeutic department by the author is being rapidly fulfilled by the quick progress of developments. As our remarks were written within an hour after reading the first brief cablegram, which reached this country on January 7, and before any other expression of opinion had appeared in print, even in the daily newspapers, it is gratifying to witness the confirmation of what may have been regarded by readers as exceedingly visionary.

Unless one follows the subject through files of scientific and technical journals, both of this country and European capitals, the full magnitude of Roentgen's work cannot be comprehended. The relation of radiography to surgical diagnosis and forensic medicine, already demonstrated in many reported cases, bids fair to be the least of its results. While various experimenters are seeking to reflect and concentrate the rays and secure upon the sensitive plate not only a shadow outline, but a true photographic image, Mr. Edison is perfecting a portable fluoroscope to reveal to the eye at once all that the slow process of plate development and printing make clear after tedious delay. It may perform the work of the well-known stereoscope with the difference that its fluorescing screen of tungstate of calcium crystals makes the human body transparent for visual examination. It is already a partial success, though great improvement awaits it in specific detail. But so rapidly is modern scientific genius solving the problems of converting this "new mode of motion" into an obedient force that greater advances have already been made in three months than were made in photographic methods for fifty years after the beginning of Daguerre. But this is not all. When a man of Mr. Edison's achievements and practical knowledge affirms that Roentgen's revelation is destined to be the discovery of the century, and proceeds to devote all the resources of his laboratory, his personal energy and large sums of money to demonstrating the basis of his belief, the majority of on-lookers and the medical profession who simply watch and wait may wisely refrain from saying that useful results are impossible.

Certain therapeutic action of the new rays seems to be clearly indicated. In experimenting upon the cranium Mr. Tesla observed the following: "By exposing the head to a powerful radiation, strange effects have been noted. For instance, I find that there is a tendency to sleep and the time seems to pass away quickly. There is a general soothing effect, and I have felt a sensation of warmth in the upper part of the head. An assistant independently confirmed the tendency to sleep and the quick lapse of time. I still more firmly believe that we have here material streams penetrating the skull."

In the issue of the Times and Register at hand as these lines are written, Dr. E. C. Mann remarks:

"Finally, I deem it of the greatest importance to thoroughly investigate the wonderful Roentgen's cathode rays of electricity, as I believe, from the experiments I have already made, but which I do not desire to make public until my results can be considered by scientists as something more than provisional, that we have in the Roentgen ray the potentiality of the destruction of disease germs on a scale that will be applicable to state, or preventive medicine as well as to curative medicines or the cure of disease."

Another author says: "It is fair to presume that the rays have a subtler power than simply this one of penetration. Ordinary light is one of the main factors in the health and development of animal life. Sunlight is essential to animal and vegetable tissues. It is one of the most potent of chemical forces and a great therapeutic agent. The whole subject of these new light rays is astir with life. What effect may they have on pathological conditions?"

Those who hope to find them possessed of a distinct germicidal power will, I think, be disappointed. Eight varieties of bacteria were subjected to experiments by one pathologist with the apparent result of observing no lethal or inhibitory effects. It is not necessary for them to produce direct lethal effects in order to become a valuable agent in curative medicine. If they "promote a sound state of the tissues," nature will take care of the micrococcus. It is my own opinion, however, that we already have in certain applications of powerful static electricity, particularly the breeze, a parallel influence for the successful treatment of diseased states. Maxwell gave us the electromagnetic theory of light. It is not improbable that the benefits of sunrays could be intensified by splitting them up as we do electric currents, and giving them a high potential and oscillatory character. These characteristics are possibly possessed by the Roentgen rays as they are generated in the high vacuum tube by the high tension current of electricity.

Correspondence.

WAYSIDE NOTES.

Ernest B. Sangree, A. M., M. D.

For years I have been waiting for some person of leisure and observation to write a book on nineteenth century superstitions. What an interesting side light a work of that kind would throw on the psychical and intellectual condition of the great mass of people of our time. These superstitions affect all classes of men, in all walks of life. In the country the farmer thoughtfully consults his almanac before going to work, and plants his onions and hoes his corn and mows his hay only in the appropriate sign of the moon; while his city cousin carries about in his pocket a horsechestnut, the left fore paw of a rabbit or some other knick-knack for good luck.

A large chapter in the book could be devoted to medical superstitions and strange practices. The prevailing opinion with the common people is that the worse a remedy smells, tastes or hurts the more efficacious it is. Hence stinking onion poultices are considered very valuable for the reduction of fever, especially when miniature ones are applied to the wrists. Coal oil that peels off the child's epidermis is of remarkable utility in sore throats, and nauseating teas by the quart are valuable for the purpose of eradicating impurities from the blood. Wire bracelets around the wrists are said to be excellent remedies to ward off fits, and a basin of water under the bed is considered by many a first-class febrifuge. An infallible cure for snake bite is to kill a chicken, instantly to cut it in two and apply one half of the fowl to the wound, where, according to the current fairy tale, it will stick until the flesh has absorbed all the poison, turning green, of course, in the process, whereupon it will very sensibly drop off, resembling in this intelligence the equally remarkable madstone. A poultice of cow dung will heal a bruised foot quicker than any of your new-fangled applications; and, horrible dictu, a very decent, well-to-do sort of woman came to me lately with a post-nasal catarrh that must be of exceptionably obstinate nature, because it had resisted an almost infallible remedy, namely, the snuffing up of one's own chamber lye.

"What makes you so nervous?" I asked the colored dispensary man. "I used to run on a steamboat," he replied, "and killed chickens." "Why, what on earth has killing chickens to do with being nervous?" I inquired. "Well, you know, if you kill a chicken and hold it while it dies you will be nervous after that."

Current Medical Literature.

THE IDENTITY OF DIPHTHERIA IN MAN AND THE LOWER ANIMALS.

(Bulletin de l'Academie Royal de Medicine de Belgique).—In an interesting and exhaustive work upon this subject, Leon Gallez, of Chatelet, states that the bacteriological proof of the non-identity of the diphtheric organisms found in man and the lower animals, such as the pigeon, chicken, calf, rabbit, cat, dog, horse and pig, is not conclusive. On the other hand, the numerous observations of the transmission of the disease from man to the lower animal, nine cases being cited from the literature upon this subject, and vice versa, seventy-two observations, are considered by Gallez to be almost positive proof of the identity of the different organisms which have been described in connection with diphtheria in man and the lower animals. Four histories are also given, in which the transmission of human diphtheria to an animal has been in return followed by its recommunication to man. While the morphology is different, it is not more so than can be explained by the variations of the Klebs-Loffler bacillus as seen upon different culture media; likewise, the symptomatology differs on account of the various anatomical peculiarities of the different species of animals in which the disease occurs. The author considers that we have in animals both an accidental form and an habitual one, the latter being merely a repetition of the culture of successive generations in the individual of the same species, the organism finally taking on special characteristics.

—International Medical Journal.

OXYCYANIDE OF MERCURY AS AN ANTISEPTIC.

C. Monod and Magaigne (Progres Med., October 26th) state that oxycyanide of mercury in 5 per 1,000 solution displays in laboratory experiments an antiseptic potency always equal to, and often greater than, that of 1 in 1,000 sublimate solution. It has no disadvantages other than those possessed by corrosive sublimate, and it has the special advantage of not affecting either the hands or the instruments of the surgeon. It may therefore replace sublimate in surgical practice. This conclusion is based on an experience of the use of the oxycyanide in hospital and in private practice of more than four years, and on laboratory experiments in which the power of the oxycyanide to prevent the growth of cultures, to kill a developed culture, and to sterilized contaminated substances has been tested and compared with that of sublimate. The experiments were made not on pure cultures of streptococci and staphylococci destitute of spores, but on dust from hospital wards containing bacillus pyocyaneus, bacterium coli, streptococci, and especially a bacillus resembling that of anthrax, with spores which resist a temperature of 100 degrees C. No serious toxic effect was ever observed. The authors, however, recommend that the oxycyanide should not be used for washing out cavities, especially where there is any danger of any of the fluid being left behind. Monod and Magaigne mention that oxycyanide of mercury was first recommended as an antiseptic by Chibret.

—British Medical Journal.

OPHTHALMIC TROUBLES IN BICYCLISTS.

In the December number of the Medical Chronicle there is an abstract of an article on this subject by M. de Lavigerie, published in the Recueil d'ophthalmologie, No. 4, 1895, in which the following case is related:

Mr. B., a professional cyclist, was

engaged on the 2d of February in a twenty-four-hours' track race at the Velodrome d'hiver, at five o'clock in the afternoon of an intensely cold day. He mounted his machine "feeling perfectly fit and in the best form." During the night the thermometer fell to 10 or 12 degrees in still air. Mr. B., however, had the services of relays of pacemakers on tandems, who, traveling at high speed in front of him, made a vacuum in the air behind them, producing a rapid current of air so strong as to carry around the track in the wake of the machine pieces of crumpled paper and other light articles. Under these conditions, then, and worked up to a high state of nervous tension in his attempt to break the record, the patient passed the night. After three-quarters of an hour's racing he began to complain of seeing colored halos round the electric lights; disregarding this, he still kept on, though his vision gradually became more indistinct. By the morning his acuteness of vision was so much affected that he could hardly tell whether the incandescent lamps were burning or not, and by half-past ten o'clock he was observed to steer wildly and come in collision with persons on the track. On inquiry, he announced that he was quite blind, and was immediately made to dismount, having ridden for eighteen hours and covered the distance of five hundred and thirty-six kilometres. On an examination of his eyes the lashes and conjunctival culs-de-sac were found covered with dust. There was very little circumcorneal injection, but both cornea were hazy and infiltrated, the zone of infiltration corresponding to the palpebral opening, and having a fan-shaped expansion downward. There was no exfoliation of the epithelium, but the infiltration appeared to be situated deep in the cornea. The peripheral visual field and color perception were normal, but direct vision was reduced to distinguishing fingers at twelve feet. A warm boric-acid lotion to the eyes and quiet rest in bed for several hours, as he was suffering greatly from cold and fatigue, promptly improved his condition, and in forty-eight hours his cornea had become transparent once more, and vision had become fully restored. The interesting features in this case, says the writer, are the development of symmetrical trophical lesions on both cornea in a probably overtrained, neurotic individual subjected to intense muscular fatigue in the presence of a very low temperature, and the rapid recovery from the corneal opacity, which may be said to have lasted only a few hours before it began to clear up.

KNAPP, H. (New York).—On the indications for Mastoid Operations in Acute Purulent Otitis Media, with Four Illustrative Cases. "Arch, of Otol.," Vol. XXIV., Nos. 3 and 4.

With cold applications, rest in bed, antiseptic cleansing of the ear, and early paracentesis, urgent symptoms may pass away even when the attic is affected. In the first case this was noticed. In the second and third operation was required. The fourth (influenzal) ended fatally from a relapse, rapid improvement having followed paracentesis. The patient was removed from the writer's further care, and the family practitioner was misled by a history suggesting a tendency to "cerebral attacks." He concludes that no one symptom by itself constitutes a sufficient indication for a mastoid operation—even choked disc—but only the ensemble of the symptoms and the course of the disease. He insists that, even if the patient recovers and does well (without operation), he should be kept under observation for weeks and months; and that, whatever the symptoms be, our operative procedure should commence with the opening of the antrum, the remaining interference depending on the conditions coming into view. He quotes Bezold's statistics showing that "about nine per cent. of all cases of acute middle ear suppuration are complicated with such a degree of mastoid inflammation as to make a spontaneous recovery improbable."

—Dundas Grant.

MOULIN, MANSELL (London).—Three Cases Illustrating the More Severe Complications of Middle-Ear Disease. "Lancet," Nov. 23, 1895.

Three cases illustrating the results that follow neglected otitis media. In the first case there was acute inflammation of the temporal muscle and of the squamous portion of the temporal bone; the cerebral symptoms were suggestive of intracranial suppuration, but were relieved on incising the pericranium and trephining the bone. In the second case there were marked pyemic symptoms, with paralysis of the external rectus of the opposite eye; the sinus was opened and found full of clot, which was washed out, and the case did well. The third case was one of sinus thrombosis following long-standing otitis media; the mastoid antrum and cells were cleared out and the sinus laid bare, but the man died of pleurisy and pericarditis eight days after admission.

St. George Reid.

BRONNER, ADOLPH (Bradford).—On the Various Methods of Operating on the Mastoid Process and the Indications for the same. "Lancet," Nov. 9, 1895.

The author first deals with the dangers of unskilled surgery in this region, and then enumerates the symptoms indicating that an operation is necessary. He refers to the various authorities on the subject, their modes of operating, and the varieties of operation; and concludes by pointing out—firstly, that we should not operate unles acquainted with the anatomy and pathology of the part, and unless we have operated frequently on the dead body; secondly, that cases of persistent chronic otitis media should be carefully examined, and, if necessary, operated on; thirdly, that the use of the gouge or gimlet in operating is dangerous and incomplete; and, lastly, that we should not stitch up the wound, but leave a large opening.

St. George Reid.

BROWN, W. H., (Leeds).—Notes on two Cases of Enucleation of Thyroid Cyst. "Lancet," Sept. 21, 1895.

Two cases of thyroid cyst occurring in young unmarried women. The cyst was first opened and emptied of its liquid contents by means of a free incision over the tumor, and the cyst wall was then stripped off by means of the finger and a blunt director. Both cases did remarkably well without any important rise in temperature. The author also mentions a case of enucleation of an adenoma of the thyroid gland in a girl of fifteen, where the tumor was without any difficulty detached from its surroundings, the patient making a satisfactory recovery. In operating on these cases he is in favor of a free incision over the tumor, in order to obtain a better view of the wound cavity.

—St. George Reid.

BURIAL OF LIVING PERSONS.

Luckily, live burials are of exceedingly rare occurrence, but that is no reason for neglecting to ascertain every test that may be of vital importance in ascertaining whether life be present or not. Dr. J. Milford Barnett has, in the British Medical Journal, a very sensible and practical suggestion to make. He suggests, in uncertain cases, the application to the back of the forearm of a small stream of boiling water from the spout of a kettle. If life is present, a blister will soon and unfailingly form where the boiling water was applied, and the blister will contain serum. The production of the serum blister being an essentially vital process, its presence or absence will be an infallible test, and would at once determine the question. Dr. Barnett is to be thanked for adding one more really good test to the list.

—London Medical Times.

THE RELICS OF EVOLUTION.

It is interesting to review the relics left by evolution in the human anatomy, and to see how completely they carry its evidence forward from generation to generation. Dr. Lewis Robinson has from time to time pointed out some of these interest-

ing vestiges in his articles in the Nineteenth Century. One vestige, known to most people, is the coccyx, which presents an example, perhaps, of a reversion to the older type; embyrologists are familiar with the caudal projection of the human fetus and the dimple over its site in the newly-born baby, while anatomists often see in the dissecting room well-marked evidences of the tail muscles inserted into the coccyx. The coccygeal gland, too, is but the relic of the caudal arteries. Another relic of evolution is the plica-semillunaris, which represents the nictitating membrane of birds. Then there is the remnant of the pointed ear, now known as "Darwin's tubercle," more marked in some auricles than in others. Such muscles as the occipito-frontalis, platysma myoides, the muscles of the facial expression, the palmaris brevis, corrugator cutis ani, and those which once were used to move the ear, are all remnants of muscles well developed in a former type. Then we have the supracondyloid foramen in the humerus sometimes present in a man; that very troublesome vestige, the vermiform appendix, the location and direction of the hair on the trunk and limbs, the dwindling wisdom teeth, the long canine teeth, the inwardly-inclined foot of the fetus, with its widely-separated big toe set at an angle to the others, the remarkable grasping power of the baby's hands, besides a host of habits, such as sucking the fingers during perplexity, the crawling on all fours, and other peculiarities, which have been pointed out as reversions to a former type. The list is great, and sceptics might do worse than consider them.

—London Medical Times.

NERVOUS ERUCTATION.

Eructations of gas from the stomach sometimes occur from hysteria, more rarely from neurasthenia and from genital neurosis.

—Medical Age.

GLYCERIN IN RENAL STONE.

Glycerine will dissolve uric acid freely, and is thus valuable whenever there is renal stone. The first effect of its ingestion is to increase the thirst; then pain in the region of the kidneys, limited to the side affected. The quantity of urine is increased, and after from ten to twenty-four hours small calculi are expelled. The pains are not as severe as those of renal colic, while the urine, after the ingestion of the glycerin, contains neither albumen, sugar, nor hemoglobin. After three of four hours the presence of glycerin in appreciable quantities can be discovered in the urine; also a large quantity of mucus. Based upon these results, glycerin must be regarded as the most efficient means of treating renal lithiasis.

—Medicine Moderne.

CLEANLINESS DURING MENSTRUATION.

Most women develop a veritable hydroprobia at this time, and feel a security in shameful filth. I should like to record myself as in favor of plenty of boiled water both as a douche with a proper nozzle, and as a bath locally at these periods. If there is one time above all others when we should maintain perfect cleanliness, it is this one. The vagina full of blood and debris, the endometrium open and absorptive and an abundance of organisms present, offers a most perfect factor in setting on foot and keeping up those conditions which, too often, the text books record as pending at the menopause.

—T. C. Witherspoon, M. D., in the Medical Fortnightly.

As a rule, Dr. Cantrell prefers lactic acid over other caustics to be used about the face, because its action is so easily checked by dusting powdered starch over the part operated upon.

—Philadelphia Polyclinic.

Dr. Carpenter has found the tincture of gelsemium, in ten (10) drop doses every three to four hours, of value in backache, often relieving the pain after some of the more popular remedies have failed.

—Philadelphia Polyclinic.

German and Italian

Translated by DR. F. E. CHANDLER.

THE TREATMENT OF EMPYEMA BY THE METHODICAL SUBSTITUTION OF AN INNOCUOUS LIQUID FOR THE PLEURITIC EXUDATE.*

BY PROF. S. LEWACHEW.

Director of the Medical Clinic in the Medical School of Kazan.

Some ten years ago I noticed severe accidents repeatedly following thoracentesis performed upon three patients in order to diminish the sero-fibrinous exudations.

Withdrawal of relatively small quantities of the exudate, even when urgently called for, was followed by acute pain in the thorax, aggravation of the general condition, rapid reproduction of the exudate, etc. These mishaps, well known to physicians, were of mechanical origin and caused by a diminution of the intra-thoracic pressure.

In order to prevent a whole series of accidents that may result from a congestion "ex vacuo" and from a rapid depletion of the chest, and which may go on to intra-pleural hemorrhages even, or to rupture of the lung, it has been recommended that paracentesis be performed with a fine needle and not more than 1000 or 1500 grammes of liquid be removed at a single operation.

These precautions even are far from preventing the bad results of thoracentesis. For that reason, and struck by the unfavorable issue of the operation when performed either by myself or others, I then proposed to seek some modification of thoracentesis that would give better results.

Preliminary experiments upon animals showed me that the safest method of procedure consisted in replacing gradually the pleuritic exudate by an innocuous liquid—a solution (.06-.07 per cent.) of sodium chloride.

After withdrawal of a small portion of the exudate the same quantity of Na-Cl solution is introduced into the pleural cavity. By repeating this operation several times we may easily succeed in replacing the entire exudate by our saline solution. The injected liquid disappears by reabsorption as fast as the lung dilates and we need not fear the consequences of a sudden diminution of the intra-thoracic pressure.

Experiments upon animals have given other results that show an additional precious advantage of this method of procedure—the liquid injected into the pleural cavity has a specific action upon the inflammatory processes and may lessen them more or less, according to the case.

The results of my experiments upon animals decided me to try and see if the same results would follow when applied to human pathology.

I tried my method of procedure for three years and on 24 patients. The results were invariably most favorable. The patients stood the operation perfectly. They not only did not complain of any pain, but they felt during the thoracentesis a well-marked euphoria, so much so that some of them, hoping to be cured more promptly, asked that the operation be repeated as soon as possible.

In the great majority of cases, after two, three or four days (rarely more), the exudate diminished more or less rapidly, the organs returned to their normal position, the severe

* Translated from the Russian Archives of Pathology, Clinical Medicine and Bacteriology, by F. E. Chandler.

respiratory and circulatory disturbances disappeared, the fever ceased and the patients were cured. Very old pleuritic exudations that had resisted all other methods of treatment were promptly cured by this method.

I communicated the facts collected from my 24 cases to the International Medical Congress, of Berlin, August, 1890.

After my communication several other clinicians tried my method.

Professor Maragliano in the medical clinic of Genoa treated eight patients, and Dr. Jalowoy treated two patients at Professor Obolensky's clinic at Kharkow. Their results coincided exactly with my own observations. Since 1890 I have been able to continue my observations and have collected 18 additional cases that were treated in the same way and gave analogous results.

It results, then, from all these observations, sufficiently numerous today, that thoracentesis followed by the substitution of an innocuous liquid for the exudate, is the best method of curing a pleuritic effusion. There is no other method that fulfills so surely every indication of the rational treatment of pleurisies—namely, to evacuate completely the exudate, prevent any considerable lowering of the intra-thoracic pressure and the rapid depletion of the pleural cavity, and,finally, to diminish or possibly abolish the inflammatory processes of the pleura.

I am persuaded by the data I have collected that if a conscientious physician, unbiased on this subject, will carefully study these facts and put them into practice he will come to the same conclusion that I arrived at five years ago, and of which the confirmatory results multiply daily.

The researches that I have just described were at first intended to effect a cure of non-purulent pleurisies only, but lately I have had under observation some cases of empyema that were both very severe and of long standing, in which we could not have recourse to incision of the thorax because of the absolute resistance of the patients and their friends. In these cases I was then obliged to be satisfied with the substitution of a saline solution for the purulent exudate.

When this method was used regularly a progressive amelioration set in and soon brought about a cure. We shall quote a case, remarkable both on account of the extreme gravity of the patient's general health and for the rapidity of the cure:

> A man 45 years of age was taken with pleurisy of the right side in November, 1893. The fever lasted the entire winter and spring, and the patient grew steadily more and more cachectic. In April, 1894, I found him in a pitiable condition.
>
> The right side is distended by an enormous pleuritic effusion. Ascites, complete anasarca, considerable albuminaria. The lower extremities enormously swollen; complete anorexia, high fever (38.5-40 degrees); extreme adynamia. The patient and his friends will not hear of any surgical operation. On April 28 first thoracentesis, which evacuated 4000 c. cm. of greenish pus and was followed by very imperfect substitution, because of the extreme debility of the patient; this operation, nevertheless, was followed by a slight amelioration. On May 3, second thoracentesis, this time with complete substitution. Amelioration very marked; fever decreases, the right side commences to sink, the respiratory murmur is almost normal, as high as 10 cm. above the angle of the scapula, the heart returns to its normal situation, the appetite reappears. On May 15, third puncture, by which only 120 c. cm. of pus are removed and after four successive evacuations and injections into the plural cavity, the saline solution comes out clear.
>
> From this time on the patient improved rapidly and his cure was a permanent one; the thoracic deformity diminishes, the dilated lung occupies the entire right thoracic cavity, the respiratory murmur is heard almost everywhere and the heart beats under the left nipple. The patient has reported for examination several times. At last acocunts (23 months after his pleurisy) there were no signs of any relapse.

Drs. Loukomsky, of Omsk, and Avdycowitsch, of Toula, have published two observations of the same kind.

These facts prove the great value of thoracentesis with substitution in the treatment of purulent pleurisy and demonstrate the fact that quite a number of empyemas may be cured in this way.

My observations show that, to obtain a cure of empyema, it is neces-

sary to evacuate as thoroughly as possible the pleuritic exudate while carefully avoiding any lowering of the intra-thoracic pressure and irritation of the inflamed pleura by so-called antiseptic fluids.

The most eminent surgeons are coming to the conclusion that not antiseptics, but asepsis, is necessary for success in operative treatment.

As regards empyema especially, a large number of surgeons not only have long since admitted that success may be obtained without any antiseptic irrigation of the pleura, but even declare categorically against the injection of antiseptic liquids into the pleural cavity. Now, if the antiseptic injection is useless after the large incision of the thorax, it is worse than useless in my operation. In these conditions it may even present some danger, and in all cases creates an obstacle to cure by favoring the production of inflammatory accidents in the pleura.

The possibility of curing even the oldest and most stubborn forms of empyema by thoracentesis with substitution having been demonstrated we must investigate if we should undertake this operation as often as possible and only perform thoracotomy in cases where we do not meet with success or vice versa.

To decide this question we must understand the relative value of thoracotomy.

There is to-day no longer any doubt of the value of pleurotomy, but nevertheless it cannot yet be considered an ideal operation. As Professor Immermann has said: "It is far from fulfilling completely the most moderate scientific indications." After opening the thorax, empyema can be cured only by the agglutination of the two membranes of the pleura, which means the total obliteration of the pleural cavity. The result of this is, then, that even after definite cure the lung is placed in completely abnormal conditions and cannot act like a healthy lung, and manifests a very marked tendency to subsequent diseases. Besides this, pleurotomy is a rather serious operation that necessitates a very long and complicated subsequent treatment that is very painful for the patients, while greatly taxing their strength.

Many authors complain that the incision allows the external air to penetrate freely into the pleural cavity and exercise a permanent pressure upon the lung, preventing dilation of that organ.

Pleurotomy can, therefore, not be accepted as an ideal method of treatment in purulent pleurisy.

In France the surgeons most in favor of the operation do not advise its use in empyema as a matter of routine.

After noting the facts of the case I am in the habit of allowing my patients to choose between pleurotomy and thoracentesis with substitution. The great majority of them prefer the latter operation.

In these cases I have obtained results identical with those I have already reported. These observations have also proved that the regular application of thoracentesis with substitution will in the great majority of cases lead to perfect cure, even in the severest forms of the disease.

I have now under observation a patient 46 years of age who has been troubled these three years with an empyema of the left side; nevertheless, after six thoracentesis with substitution, amelioration seems to progress regularly toward a definite cure.

In my other cases cure was obtained after two, three, four, five or six substitutions.

The study of these cases has also proved to me that substitutions that lower the specific gravity of the pleural liquid to 1002-1003 are alone capable of quickly suppressing the suppurative process in the pleura, while imperfect substitutions have only a temporarily favorable action and are not curative.

Since the flow of pus is generally slow, we can obtain a sufficient substitution (if we are at all pressed for time, or if our capillary trocar gets plugged) only by the use of an aspirator.

The operation should be repeated every 6—10 days until suppuration stops and the lung, gradually and

steadily, takes the place of the exudate.

The time necessary for the operation varies according to the quantity and viscosity of the intra-pleural liquid, but never exceeds two hours.

I will add that I have never met with any accident, as might at first be feared.

I have often noticed that clots and shreds of false membranes soften and dissolve in the saline solution.

I have observed in several patients that the first two or three thoracenteses gave issue to a rather liquid pus and were followed by a temporary amelioration and by a rapid reproduction of the exudate.

Further repetition of the operation gave very thick, yellowish masses only, and after the evacuation of these commenced a progressive amelioration that was soon followed by a definite cure.

It results from this that the presence of numerous adhesions of the lung and especially of encapsulated effusions constitute a contra-indication to our operation.

Doubtless in these cases thoracentesis with substitution cannot destroy the adhesions, break down the partitions that separate the collections of purulent matter and carry away the membranous attachments that prevent the dilation of the lung and preclude the possibility of cure.

When practiced, even in these unfavorable conditions, the operation produces a real, although temporary, amelioration. Fever diminishes, appetite returns, the severe respiratory and circulatory troubles disappear; in short, the patient's strength improves and the successive dilations of the lung prevents this organ from forming adhesions with the thoracic wall. No one will wish to deny that these are eminently favorable conditions even in those cases where, thoracentesis having failed, we must resort to pleurotomy. We are thus brought back to the conclusion (which is only a paraphrase of the opinion given a few years ago by Dr. Moutard-Martin).

Let us advise treatment by thoracentesis with substitution in the beginning of every purulent pleurisy; it is the only rational method.

Only in those cases where the exudate is much partitioned off and shows an exceptional tendency to reproduction should we have recourse to pleurotomy.

French

Translated by DR. E. W. BING.

DESQUAMATION CONSECUTIVE TO TYPHOID FEVER.

M. Weill has noticed the frequency of desquamation in these cases. Comly has since then observed 19 cases of typhoid fever in young persons and has been able to confirm the observations of Weill. He has also remarked that the process always follows. Sudamina is in direct proportion to the intensity of the latter and if of favorable prognostic significance of the method of treatment.

—Curier Med.

ON THE TRANSMISSION OF PHTHISIS FROM MOTHER TO CHILD.

Bolognesi has collected statistics of 13 cases of tubercular women who were accouched at the Cochin Hospital. He examined the placentae of all the cases and some of the organs of the children. The results were negative. In every case he examined the placenta, the blood from the umbilical cord, taken at both the fetal end and also from the placental end, he did not find either tubercle lesions nor bacilli. He believes that hereditary tuberculosis is a matter of predisposition, the parent giving to the child a suitable "soil" for the development of the germs when received into the system. Children of a tuberculous mother should be given a healthy nurse and be isolated or, better, removed from the house.

Porak examined the lungs of a child from a tuberculous mother and found lesions, which at first sight looked like tubercles, but were proved histologically to be bronchial dilatation with peripheral sclerosis. He thought we should be careful before affirming the existence of congenital tuberculosis.

Charpenter said that children from a tubercular mother are generally at birth large and well developed; he doesn't believe in the intra-uterine contagion of tubercle.

STERILIZED OLIVE OIL AS A LOCAL ANESTHETIC.

Loup in the Courier Medical describes a method suitable for small operations, which has been successful in his hands. He uses olive oil which has been boiled for five minutes, and in dental operations has found it equal to cocaine in its effects, while it avoids the possible danger from the drug. It acts by its pressure on the surrounding tissues.

TWO CASES OF POISONING BY BORIC ACID.

This drug is not as generally considered altogether harmless, as the following cases will prove.

The first occurred in a woman of 55, a neuropathic, suffering from a large carbuncle of the back—there was moderate fever, the urine was normal. Three days after opening the carbuncle it was dressed with a poultice of boric acid and flaxseed in equal parts, and two grammes of the acid were given each 24 hours. Chloral was given at night.

On the fourth day of this treatment the patient became agitated, could not sleep, and had fleeting chills. An eruption of red papules showed on the face, which, together with the scalp, became tumid. The eruption spread to the rest of the body. Thirst was marked; temperature, 38.8 C. Not understanding the case, all treatment was suspended. The eruption was proved not to be due to chloral.

The second case was a rheumatic man, subject to bronchitis, and attacked with cerebral softening. A carbuncle appeared on the neck—pain moderate; urine normal. After opening the sore was dusted with

boracic acid. At first everything went well, but after the third dressing eczema appeared all over the body. The digestive function was much disturbed, vomiting of bilious matter; profuse sweats; somnolence; diarrhea; failing of appetite, and, finally, eight days after commencing treatment, the patient died. The wound had in the meantime done well. It seems proved that boric acid absorbed in quantity may determine very serious results, if not death.

—La France Med.

THE PATELLAR REFLEX.

The diagnostic importance of this in nerve pathology is well known; it is seldom wanting in healthy persons, even during sleep. It is usually exaggerated in cerebral lesions; lesions of the lateral columns; is wanting in degeneration of the posterior columns of the spinal cord, and in tabes, where it is an important symptom from the commencement of the disease, the return of the reflex indicating amelioration. There are, however, exceptions. Thus the reflex may return in an ataxic, suffering from an apoplectic attack. Pick has found that the sensitive medullary fibres transmitting the reflex, still contain healthy normal fasciculi. The reflex persists so long as the radicular zone of the cord between the dorsal and lumbar regions is not affected. The sensitive fibres conveying the patellar reflex are situated in this zone, but do not form a compact fasciculus.

Pick has also noted another exception. The brain exerts an inhibitive action over reflexes, which explains their exaggeration in cerebral disease. And it often happens that the patellar reflex is wanting in the paralytic insane, with lesions of the brain cortex; it is the same with lesions which diminish the cranial capacity. According to Meyer, in cerebral tumors, degeneration of the intra spinal prolongations of the posterior roots are found. Perhaps in this case the cerebral compression is extended along to the cord. Dinklen has, in fact, found the same lesions in hydrocephalus and in cerebral tumor. Pick has also described degenerative lesions of the prolongations of the posterior root in several cases of cerebral tumors, which would seem to confirm the above statements.

—La France Med.

CONGENITAL IMMUNITY.

An observation on congenital and persisting immunity to variola, by intra uterine transmission, is reported in the Journal of the Academy. The young man was 27 years old, and was vaccinated during infancy without result. On joining his regiment, was again vaccinated, also unsuccessfully, and again on both arms three months later, with negative result. Was the immunity due to an attack of variola during intra uterine existence or to an immunizing influence transmitted through the placental circulation? Since the child at birth showed no traces of an eruption, the second hypothesis seems most tenable.

Current Surgical Literature.

T. H. MANLEY, M. D., New York, Editor.

THE SYSTEMIC CONSERVATION OF TRAUMATIZED MEMBERS.

By M. Paul Reclus.

No more traumatic amputations! Such is the revolutionary doctrine which I have some time since promulgated, and such I again defended, at the late nineteenth French Congress of Surgeons.

Instead of immediate amputation of a mangled limb, after thorough preparation, I carefully embalm it in antiseptic dressing and wait for a spontaneous separation of the living from the dead structures.

These views are based on my own observations alone, which it is true are not numerous, being a series gathered from my service in eight years in Tenon, Broussais and Pitie hospitals.

But they were of such a grave character, and the success of their management so satisfactory, that a positive demonstration has been made of the propriety of the mode of procedure instituted. Besides, here are the facts, and let the reader decide for himself:

I shall be very brief with my earlier cases, already published. My first patient, was a painter, 26 years old, who slipped while mounting a railway carriage, the wheels passing over both limbs. The patient reached the hospital pale and cold from the loss of blood. Both limbs were badly shattered. My assistant had prepared for a double amputation when I arrived. But I simply cleansed and embalmed the limbs. The primary dressings were not disturbed for three weeks.

I found three of the toes of the left foot dead, and separated from the living. On the right foot the toes were in the same condition, with the two corresponding metetarsal bones. In each, sufficient bone was dissected to allow the integument to fall over their ends and close in the breach. After two months cicatrization was complete and he commenced to walk. On one morning, the year following, he came 27 kilometers on foot, to Broussais, to thank me.

My second case, a young man 23 years old, in amorous dispair, placed his head on the rail of a railroad track and waited the approaching train. Here his recollection ends, and hence why he could not explain how it was that it was his right leg and not his head was smashed.

His right leg was dreadfully mangled; the knee joint widely opened, the leg hanging by shreds only. For fifteen centimetres above the knee-joint the femur was denuded of muscles and integuments.

Hemorrhage was slight, but prostration was great. He answered questions with apathy; the face was deathly pale and extremities were very cold. Only one thing was done, viz., to separate with the scissors, the leg from the knee.

The next day reaction was good. As the dressings began to smart badly on the tenth day, they were removed. Towards the end of the fourth week, the dressings were again removed, when it was found that the charred flesh had become detached, and the under end of the femur came into view. For about ten centimeters up, I cleared away the end of the femur and sawed it through. A few sutures were now passed through the granulous flaps and the wound closed. Final cure was speedy and complete. The third case ended fatally, and will be later published in detail.

The fourth case was a man of 33 years, who fell under a train, the wheels passing over both legs near the ankles. He was entered at Pitie within one hour after the accident.

The feet were so twisted off as to rest on the fore part of the legs. The integuments were denuded some distance up the legs, bruised, lacerated and discolored. Now, our patient was in no state to stand another traumatism of double amputation, therefore with the scissors the torn tendons were divided and the feet disconnected. Now, the mangled ends of both limbs were embalmed and comfortably adjusted. On the sixteenth day the dressings were removed, when the bare ends of bone were exposed and the necrossed parts were spontaneously separated from the living. Enough bone was excised to allow a covering. The final result was excellent. He now walks on artificial limbs, and is in the service of the Orleans Railway Company.

The fifth case, a mechanic, who was thrown from a wagon loaded with marble and crushed between the wheels and a lamp-post. The fore-arm was fearfully mangled. The skin was torn off over its whole circumference, except for a small isthmus. The limb had sustained a triple fracture. In spite of the extensive mutilation, the man's blood-trunks and nerves escaped. Sensation in the hand was intact, and the radial pulse beat feebly at the wrist. The limb was now adjusted to fix the fragments and embalmed in the usual way. The dressing was first changed after three weeks. Now, through a fistulous opening a large fragment of dead bone was gouged away. It was four months before full restoration of function followed. In this case, which pointed to primary amputation, a useful limb has been preserved.

Sixth case. A currier, of 28 years, had his left forearm caught and mangled in a cylinder. On entry to the hospital the forearm was stripped for a length of 28 centimeters, and eight wide, denuding the two bones. Besides, the hand was so crushed that it seemed quite impossible to save it. The parts were disinfected and embalmed with dressings, which were not disturbed for 28 days. Union of the tissues was non-complete. Some time later, all the shattered bones united. Some anchylosis in the digital articulations followed, but altogether a fairly good limb was secured.

Seventh case. A mechanic on the Orleans Railway fell under his engine. He entered Pitie with a scalp wound, fracture of the ribs and emphyema. Besides, the right foot was crushed off at the ankle. Attention was directed to his various lesions and the mained limb was embalmed in the usual manner. His recovery was complete, sufficient integument commencing to come in the nude ankle bones.

* * * * *

The writer proceeds with an able argument in defense of the policy of delay in all traumatisms, which may possibly involve amputations. In Volkman's clinic, in five amputations at the hip and shoulder joint, there were five deaths. And, in the averare amputation through a bone-shaft, after serious damage to it, in 75 cases five deaths; all sinking from the addition of fresh shock in the succeeding trauma of amputation. M. Reclus believes that we should always decline amputation immediately after an injury. He proceeds with an argument in support of this attitude familiar to all American surgeons well informed on their own literature on this subject during the past five years.

Poluillon, Verneuil and Tralat solemnly adjured the surgeon, particularly in injuries of the hand or arm, to "regulate nothing with the bistoury; amputate; reset nothing; make asepsis complete and abstain. Leave to nature the work of saving what can be saved. Let the surgeon not forget that neither the most skilled nor experienced can pronounce after injury how much will survive or perish."

M. Reclus never becomes vehement and aroused to the tremendous importance of his subject and energies. "But, if an entire member has been demolished, where do we find a precedent for conservatism?" and says, "My God! Must we now follow in the same lines, indicated by surgeons of another age; must we be guided by the same principles as

they? Do we not know that from the siege of Troy up to the sixteenth century amputation suffered no improvement, when the mangled, bleeding tissues were blazed and charred with sad irons, and whole joints fell away in sphacelus?"

In 1761 Bilguer, the great Frederick's surgeon, general of the Prussian forces, in the seven years' war, horrified at the dreadful mortality succeeding amputations, positively ordered that every description of primary amputation must be prohibited. Leveille, Alquier and Sentin soon followed the intrepid Germans in the direction of conservatism.

M. Reclus closes his invaluable contribution with the following words, well to be carefully weighed by the conscientious surgeon:

"Henceforth no more traumatic amputations."

—Revue de Chirurg., 10 Jan., '96.

(NOTE BY THE TRANSLATOR.)

It does not appear, from the text of M. Reclus' article, that he got his inspiration from an American source, and if he has, he has not graciously acknowledged it.

It is to be expected, however, that so eminent a surgeon and well-known writer would keep himself well-informed with the latest in current literature on such vital topics as the subject of amputation. The writer for more than five years, basing his position on more than five times as many traumatisms as enumerated by Reclus, has published his views on conservatism in amputation. These may be found in most of our leading journals. His dictum was equally as emphatic as that of the French surgeon, only it antedated it a considerable less; viz.: that, "in civil life a primary amputation should never be performed."

He has taken care to go at length into the consideration of the subject from every standpoint, and concluded that, for manifold reasons, in our age of anesthetics and antiseptics and facilities to suppress both hemorrhage and infection, a primary amputation is little less than a crime which almost nothing can justify or excuse.

T. H. M.

TREATMENT OF WARTS.

Simple cutting off or severe cauterization of warts never cures or prevents their return, but the trouble may be readily relieved by internal medication in most instances. Good results have been obtained from taking ten drops of the tincture of iodine thrice daily, but as a rule the best effects accrue from Fowler's solution, two drops thrice daily (in children, half a drop thrice daily), slightly increasing the dose each week. The warts crumble to pieces and disappear, especially when washing and drying the hands, so that the skin looks normal after two or three weeks. Relapses have never been observed.

—Medical Herald.

Current Literature in Obstetrics and Gynecology.

E. D. KINNEY, M. D., Boston, Editor.

DELIVERY THROUGH A CENTRAL RUPTURE OF THE PERINEUM.

An example of this rare occurrence is recorded in the Centralblatt fur Gynacologie, for February 22, by Dr. A. Sitzinski, of the Court Hospital, of Peterhof, Russia, who had previously reported it before the St. Petersburg Society of Obstetrics and Gynecology. The patient was a primapara, 26 years old, well built and well nourished, but nervous and sensitive. The membranes ruptured in eleven hours after the onset of labor pains. After a short pause, the pains set in again with normal force and frequency, and soon the head appeared at the vulva with each pain, but retreated in the intervals; with the final pains, however, the head no longer underwent these movements, but the perineum became greatly distended, especially in the vicinity of the anus, which was itself highly protruded. To avert rupture of the perineum, the midwife made two lateral incisions about a third of an inch deep. A fresh pain came on, the head was more thoroughly visible at the vulva, and the perineum was more than ever distended, when suddenly the midwife felt under her hand something which she at first took for a bunch of hemorrhoids, expelled from the anus. This turned out, however, to be the child's nose, together with an adjacent part of its face, plainly visible through a rupture near the anus. In a moment more the same pain expelled the whole head through the rupture. The next pain, which followed after a brief pause, drove the entire child through the rupture, and in ten minutes more the secundines came through the same channel. Ergot was given, the uterus contracted well, the hemorrhage was insignificant, and the woman felt pretty comfortable.

In the posterior wall of the vagina there was found an enormous rent divided into two parts, by a transverse band. Closer examination showed that the vaginal orifice had been driven upward, and that the transverse band was the unruptured posterior commissure of the vulva. Then centre of the perineum had the shape of an irregular polygon, roughly triangular. Its posterior boundary was formed by the junction of the skin and mucous membrane at the anus. The edges of the wound were torn and ragged, and in places showed crushed, dusky-red tissue. In the depths of the laceration there were two longitudinal ruptures of the posterior vaginal wall, one on each side of the columna rugarum. The commissure, which had survived the injury, was about half an inch thick. The rectum and anus had not been injured. A deep laceration was found just to the right of the mouth of the urethra, together with several superficial fissures.

—New York Medical Journal.

THE RESULTS OBTAINED BY EXAMINATION OF THE AIR-DISTENDED BLADDER IN FEMALES.

In a paper read before the Obstetrical Society, of Boston, on this subject, by Dr. Edward Reynolds, he said the direct exploration of the female bladder over the old method of systoscopy was placed upon a wholly different plane when it occurred to Dr. Kelly that if a woman were

—From the Boston Medical and Surical Journal.

placed in an appropriate position and air allowed to enter the bladder it could be made to dilate under the influence of negative abdominal pressure, and that the inspection of the mucous lining of the bladder is by this method sufficiently easy, rapid and painless, to be applicable to ordinary clinical work.

In cystoscopy of the bladder, three factors enter into the difference of results:

First, and least important, in the partially dilated bladder, the speculum is necessarily so near to the wall that but a small field can be seen at any one time, and a systematic inspection of every part of the surface is almost impossible from loss of time involved.

Secondly, and more important, in the partially dilated bladder there are necessarily numerous folds in which lesions may be concealed, and, moreover, inspection of the all-important trigonal region is always rendered difficult and sometimes impossible by the presence of even a small quantity of urine which rapidly reaccumulates during the examination.

Thirdly, and most essential, the appearance of the mucous membrane during partial dilatation is utterly and wholly different from its appearance when the bladder is in complete expansion. While the bladder wall is lax the surface looks granular and uniformly pink in color. In contrast to this, in the presence of full dilitation, the normal mucous membrane, shows a white glistening field over which branching blood-vessels throw a coarse network of brilliant red, and against which the smallest ulcer or inflammatory spot exhibits itself with almost startling distinctness.

In conclusion, he says of the value of Kelly's method over the old form of cystoscopy, that it has already changed our ideas of vesical disease, and has certainly transformed the affections of the lower urinary tract of women from the region of diagnosis from obscure symptomatology to that of a clear and definite physical examination; that is, from medicine to surgery.

SUPPURATIVE DISEASES OF THE APPENDAGES.

Polk closes a paper on the surgical treatment of these conditions by saying: "In acute imflammation, with implication of the cul-de-sac, incise and drain. In unilateral suppuration, tubercular inflammation excepted, treat the uterus and remove the diseased appendages by the vagina—anterior colpotomy. In double suppuration, vaginal hysterectomy with enucleation and removal of the purulent appendages—the so-called pus sacs. In suppurative disease, whether double or single, if the patient is too weak to stand the radical operation, evacuate the pus and drain, reserving the radical operation for the future. Choose the route (vaginal or abdominal) which the pus seems disposed to select. In broad ligament abscesses—a matter to be determined by a vaginal exploratory section, if necessary—evacuate by approaching the pus through the utero-vesical region, or beneath the peritoneum along the route of the round ligament. In suppurative diseases do not do abdominal section, but, if you should, do not leave the uterus or the cervix.

—American Journal of Obstetrics.

HYSTERECTOMY FOR PUERPERAL SEPTICEMIA.

Dr. Ashton, in his consideration of the pathologic conditions indicating hysterectomy for puerperal septicemia, innumerated the following:

1. Suppurative inflammation of the uterus.
2. Tubal and ovarian abscesses.
3. Abscess of the broad ligament.
4. Rupture of the uterus.

Regarding suppurative inflammation of the uterus, it is impossible by any method of examination known at the present time to settle the question in a given case, whether or not the parenchyma of the uterus is the seat of infection. This can only be determined by taking into consideration the history of the symptoms and the treatment which has been adopted, and even then the diagnosis is far from being a positive one. He further says, "If this view of the case

is the true one, hysterectomy should be resorted to at once, and not delayed until there is evidence of a gross pelvic lesion being present.

Of tubal and ovarian abscesses, he says it is extremely difficult if not impossible, to recognize septic changes in the uterine appendages until the process has developed sufficiently to cause an enlargement of the diseased organ. We are, therefore, justified, if local intra-uterine treatment fails to improve the symptoms, in performing hysterectomy.

Although no positive diagnoses of the involvement of the broad ligament or ovary are possible prior to the presence of the gross lesion, yet abdominal section should be performed when it is evident that local treatment fails to establish convalescence.

When a rupture of the uterus occurs during labor and is recognized at the time, hysterectomy should be performed at once.

Tears may occur, however, without producing any symptoms which would lead one to suspect their presence at the time. These cases—the author is inclined to believe—are more frequent than is generally supposed, and when puerperal septicemia rapidly develops in from 24 to 48 hours after deliver" hysterectomy should be performed immediately.

—Medical Bulletin.

PULMONARY INFARCTION AFTER HYSTEROPEXY.

E. Garceau reports a case in which he performed hysteropexy for retroversion. Six days after the operation thrombosis of the left common iliac vein and pulmonary infarction occurred, followed by pneumonia and death. In view of this disastrous result is it justifiable to perform abdominal section for retroversion without adhesions, rather than one of the vaginal operations? Duhrssen's operation is good, and is applicable to simple, uncomplicated cases, the uterus being fastened to the anterior vaginal wall by sutures. In cases complicated by adhesions, Pryor's operation seems feasible. He incises the posterior cul-de-sac, breaks up the adhesions, and excites plastic inflammation by an iodoform gauze packing behind the cervix. The organization of the exudate occurring, by its contraction pulls back the cervix, keeping the fundus forward very much the same as do the normal utero-sacral ligaments.

—American Journal of Obstetrics.

CARE OF THE BREASTS.

Wells calls attention to the necessity of raising and supporting the breasts as soon as the secretion of milk is established. This can be done the best by a bandage made of two thicknesses of muslin and tightened from below and upward. It should be supported by shoulder straps fastened by safety-pins.

—Phil. Polyclinic.

PELVIC NEURALGIA.

In a somewhat rambling discourse on pelvic neuralgia, Hector Treub recommends particularly a course of about thirty baths of sulphur water. Twenty to thirty grammes of sodium monosulphuret are dissolved in a bath at 95 degrees F. The patient begins with a bath of five minutes and gradually increases its duration to twenty minutes. At first there should be an interval of two days, later of one day, between baths. The duration, as well as the frequency, depends upon the fatigue caused; in any case the patient rests for an hour or two in bed after each bath.

—American Journal of Obstetrics.

Therapeutical Progress.

BRIEF NOTES ON NEW AND RARE REMEDIES.

From the American Druggist.

HAEMALBUMIN. Stable powder, soluble in hot water, A. Contains the salts and albuminoid constituents of blood in the form of acid, non-coagulable albuminates. Roborant tonic (chlorosis, anemia, debility, etc.) Dose, 15 grs. 5 times a day.

HAEMATOGEN. Soft yellow powder, containing 7 per cent. of iron soluble in alkaline fluids. Ferruginous tonic in anemia, etc.

HAEMOGLOBIN. The red coloring principle of the blood. Red-brown colloid or crystalline powder. Tonic hematinic (anemia, chlorosis, etc.) Dose, 1 1-2 to 3 drachms daily in wine or in tablets.

HAEMOGALLOL. Reduction product of hematin. Red-brown powder, insoluble in water, insipid, odorless. Easily absorbable ferruginous preparation. (Anemia, chlorosis, debility). Dose 4 to 8 grs. 3 times daily in tablets.

HAEMOL. Action, dose, price, etc., same as Haemogallol.

HELCOSOL. (Bismuth pyrogallate.) Amorphous, yellowish green powder. Insoluble in W., A., slightly in 0.3 per cent. H. C. Nontoxic (?) in infectious intestinal diseases.

HELENIN. Stearoptene from the root of Inula helenum, colorless, crystalline needles. Insoluble in water, soluble in hot A., E., oils. Demulsent, antiseptic (whooping cough, catarrh, chronic bronchitis, pthtisis). Dose 1-8 gr. 10 to 12 times daily in pill. Applied in 2 per cent. oily solution.

HOMATROPINE. Colorless very hygroscopic crystals, slightly soluble in water. Action similar to, but weaker than atropine. The hydrobromate is most used.

HELIANTHUS ANNUUS. The flowers and the bark of the twigs are employed as a febrifuge and antiperiodic. Dose 10 to 15 drops of a 10 per cent. tincture 3 or 4 times daily for children.

HOMATROPINE HYDROBROMATE. White, non-hygroscopic leaflets, soluble in 10 water. Dose 1-2 gr. Mydriatic. Less irritating and less persistent than atropine.

HYDRACETINE. (Pyrodine, Acetyl phenylhydrazine). Colorless-hexagonal, odorless, insipid, lustrous prisms, soluble in 50 water. Antipyretic. Dose 1-6 to 1 gr. Maximum daily dose 2 grs. (Dangerous cumulative blood poison). Externally in 10 per cent. ointment in psoriasis like crysophanic acid.

HYDRASTINE ALKALOID. Yellowish-white crystals, soluble in A., E., C., benzine. Practically insoluble in water. Tonic, antiperiodic. Dose 1-4 to 1-2 gr.

HYDRASTINE HYDROCHLORATE. Pale yellow, crystalline powder, soluble in water. Astringent (gonorrhea, hyperidrosis, acne, seborrhea, etc.) 1-10 to 1 per cent. solution or 1 per cent. ointment.

HYDRASTININE HYDROCHLORATE. Bright yellow hygroscopic odorless bitter crystals soluble in water. Hemostatic vaso-constrictor. (Hemorrhages, metorrhagia, etc.) Dose 3-8 gr. 4 to 5 times daily. Hypodermic injection 8 to 16 min. of a 10 per cent. solution, once daily.

HYDRAZINE. (Diamine). Allied to hydroxylamine hydrochloride. Reducing agent. Poison for both animal and vegetable life.

HYDRONAPTHOL. White, lustrous scales, insoluble in water. Antisep-

tic (10 per cent. plasters in tinea tonsurans). Internally as intestinal antiseptic. (Typhoid of enteric fevers, etc.) Dose 3 to 4 grs. every 2 hours, Preferably in keratin coated-pill.

HYDROQUINONE. (Para-dihydroxy-benzine; Quinol). Long, colorless, dimorphous crystals, soluble in A., E., hot water, difficultly so in cold water. Antifermentative, antipyretic, antiseptic. Dose 8 to 12 grs. Largest use as photographic developer.

HYDROXYLAMINE HYDROCHLORATE. Colorless hygroscopic crystals, resembling ammonium chloride. Soluble in W. A., substitute for chrysophanic acid in skin diseases, dangerous if absorbed. Applied in 1-10 to 4-10 per cent. solution.

HYOSCINE HYDROBROMATE. Colorless, odorless acid crystals. Soluble in 2 W., 3 A., partially in E. C. Sedative, hypnotic (acute mania 1-150 to 1-30 gr). Hpynotic inj. (mania) 1-120 to 1-60 gr. Antidotes same as for atropine.

HYOSCYAMINE ALKALOID. White, silky crystals. Slightly soluble in water, readily in A., E., C. Dose hypnotic, sedative (acute mania, 1-8 to 1-4 gr. chorea, alcoholism 1-120 to 1-30 gr.) antisialagogue, antispasmodic asthma, epilepsy, etc., 1-120 to 1-30 gr. Antidote same as atropine. C P cryst.

HYPNAL. (Chloral antipyrine.) Small rhombic crystals, tasteless, odorless; soluble in 6 water. Hypnotic, analgesic. Dose 7 to 15 grs.

HYPNONE. (Acetophenone; Methylphenyl-ketone). Colorless, oily liquid, with a peculiar pungent odor and taste. Slightly soluble in water, readily in A., E., oils. Hypnotic, reduces arterial tension and slow respiration, hence should be administered with care. Dose 1 to 3 min.

IATROL. Odorless powder. Substitute for iodoform.

ICHTHYOL. (Ammonium sulphoichthyolate; ammonium ichthyol sulphonate). Clear reddish brown, viscid liquid with bituminous odor and taste. Miscible with water. Partially soluble in E., A. Antiseptic, vaso-contractor, alternative resolvent, gastric and renal tonic astringent. (Skin diseases, blenorrhagia, scrofula, syphilis, etc.) Applied in 5 to 50 per cent. ointment or solution. In gonorrhea, 1 to 2 per cent. solution. Dose 3 to 10 min, 3 times daily.

INULIN. (Alantin.) Dahlin Alant-Starch.) From Inula Helenium. White crystalline powder. Recommended for bread for diabetics, also as stimulant expectorant. Dose 1 to 3 grs.

IODOANTIPYRIN. (Iodopyrine.) Colorless, tasteless, prismatic crystals, difficultly soluble in cold, readily in hot W. Antipyretic resolvent, etc. Same therapeutic action as antipyrin and sodium iodide would have separately. Dose 8 to 24 grs.

IODINE TRICHLORIDE. Orange yellow, volatile needles; with a pungent, irritating odor; soluble in W., A., E. Powerful antiseptic and disinfectant. (Indolent ulcers, skin diseases, blenorrhagia, etc.) Applied in 1 to 1000 or 1 to 12,000 solution. Dose, 4 drachms of 1 to 1,000 solution. Use with caution.

IODO CAFFEINE. Colorless crystals, soluble in W. Cardiac, amplifying the diastole (mitral stenosis) and in degenerative processes of the liver. Dose, 5 to 7 grs.

IODO CAESIN. Yellowish, odorless powder, recently put forward as a substitute for iodoform.

IODO EUGENOL. Yellowish, insoluble, oderless powder. Antiseptic.

IODOL. (Tetra-iodopyrol.) Pale yellow, crystalline, bulky powder without odor or taste; insoluble in water, soluble in 3 A., E., oils. Contains 89 per cent. iodine. Substitute for iodoform, being used in same manner. Dose, 8 to 15 grs. 2 to 4 times daily.

IODOL CAFFEINE. Grayish crystalline powder containing 74.6 per cent. of iodol. Permanent. Said to have superior antiseptic value to iodoform.

(To be Continued.)

Prescriptions.

Bronchial Asthma.—Citrate of caffeine, 5 grains in cachet, or dissolved in water every four hours until bronchial spasm is relieved, after which give at longer intervals, to prevent relapse, If attack come on fairly regularly in the early morning, give 5 or 10 grains at bed-time, repeating, if necessary, in the morning, as often as indicated.

—E. M. Skerritt, Practitioner.

Digitalis in Pneumonia.—Naegeli-Akerblom regards digitalis as the most valuable agent in acute pneumonia when used in large doses. The drug, according to his investigations, causes hyperleucocytosis, both in man and animals. He advises hydrotherapeutic measures in connection with the digitalis.

—Cent. f. inn. Med.

A TONIC.

In anorexia, chlorosis and phthisis Efele gives one or two tablespoonfuls of the following mixture, one to three times a day, half an hour before eating:—

R. Iceland moss .....5 dr.
Carbonate of ammonium ...15 gr.
Water .....½ oz.
Macerate for half an hour, boil and add absolute alcohol.....2 oz.
Allow to settle, decant and add liquorice juice .....1 oz.

—Le Progres Medical.

Topical Anesthesia.—Dr. Mayet has devised the following mixture, as a local anesthetic:—

R. Petrovaselin sterilized by ebullition .....200 grms.
Iodoform ..... 10 grms.

This is well mixed, and to it is added the result of a mixture by trituration of:

Cocaine ..... 2 grms.
Oleic acid .....10 grms.

For anesthetic dressing of uterine pain Dr. Mayet chooses a sterilized sponge of the size of a walnut, fixes it by a thread, steeps it in the mixture, and applies it to the cervix. He obtains thus cessation of hysteralgia, neuropathies from uterine deviations, and cervical metritis. He dresses, with the same application, small contused wounds, and advises it in furuncles, boils and medium-sized burns.

—Medical Standard.

Dry Eczema with Pruritus:

R. Menthol .....30 gr.
Resorcin .....15 gr.
Sulph. precip. .....2½ dr.
Zinci oxidi .....3½ dr.
Vaseline .....1 oz.
Ft. unguent.

Thibierge.—Therapeutique des Maladies de la Peau.

Insomnia.—In various neuroses, where both sleeplessness and constipation are common symptoms, the following is a useful prescription:

R. Ext. cannabis Indicæ.
Ect. belladonnæ .....each ¼ gr.
Pil. aloes c. ferro .....4 gr.
Ft. pil. 1.
Sig: To be taken at bed time every night if required.

The last ingredient can be varied according to the case.—Practitioner.

PRURITUS OF THE SCROTUM.

Pruritus of the scrotum is a most painful and rebellious affection. The itching is sometimes so intolerable that the patient becomes almost delirious. Professor Brocq advises the following treatment:

R—Phenic acid .....dr. 5
Glycerine .....oz. ijss
Alcohol .....oz. j
Water .....oz. 10

Mix one part of this solution with four of hot water, and steep in it a compress folded eight or ten times, and then apply to the scrotum, maintaining it in place with an India rubber suspensory bandage.

As a general treatment, he gives antipyrin in small doses (ten grains repeated twice in the afternoon), and valerianate of ammonia at night.

—Med. Press.

For Physicians' Wives

USES FOR SALT.

Salt puts out a fire in the chimney.

Salt in the oven under baking tins will prevent their scorching on the bottom.

Salt and vinegar will remove stains from discolored teacups.

Salt and soda are excellent for bee stings and spider bites.

Salt thrown on soot which has fallen on the carpet will prevent stain.

Salt put on ink when freshly spilled on a carpet will help in removing the spot.

Salt in whitewash makes it stick.

Salt thrown on a coal fire which is low will revive it.

Salt used in sweeping carpets keeps out moths.

LEMONS FOR THE LUNGS.

Lemons are an excellent remedy in pulmonary diseases. When used for lung trouble from six to nine a day should be used. More juice is obtained from lemons by boiling them. Put the lemons in cold water and bring slowly to a boil. Boil slowly until they begin to soften; remove from the water, and when cold enough to handle squeeze until the juice is extracted; strain and add enough loaf or crushed sugar to make it palatable, being careful not to make it too sweet. Add about twice as much water as there is juice. This preparation may be made every morning, or enough may be prepared one day to last three or four days, but it must be kept in a cool place.

TO MAKE PERFECT LEMONADE.

Perfect lemonade is made as follows: For a quart take the juice of three lemons, using the rind of one of them. Carefully peel the rind very thin, getting just the yellow outside; cut this into pieces and put the juice and powdered sugar, of which use two ounces to the quart, in a jug or jar with a cover. When the water is just at the boiling point, pour it over the lemon and sugar, cover at once and let it get cold.

FOOD FOR DYSPEPTICS.

MILK TOAST.

Use stale, salt-rising bread made from wheat middlings, cut in slices half an inch thick, toasted a nice brown in a brisk oven and soaked in sweet milk, which has been boiled and slightly thickened with flour and seasoned with salt and butter.

RICE.

One cup of rice, well washed; put in a large granite basin with one cup of water and half a teaspoonful of salt and allow to cook slowly until all the water is taken up by the rice. Then add two tablespoonfuls of sugar and five cupfuls of new milk and stir it well, after which bake in a slow oven for several hours. Serve with sweet sauce.

CORNCAKE.

One egg, one tablespoonful of brown sugar, one-half teaspoonful of salt, one-half pint of sour cream, one pint of sour buttermilk, three-fourths of a teaspoonful of soda and one teaspoonful of baking powder. Beat the egg and sugar together until very light, stir in the cream and salt, the buttermilk and then the soda dissolved in a little warm water, and beat all into a stiff batter with three parts cornmeal and two parts fine flour, into which the baking powder has been sifted. Set the dish in the steamer and let it steam three hours; then bake it twenty minutes in a hot oven.

ABOUT THE BROOM.

Don't set a broom down when through with it. Bore a hole in the handle and hang it up.

Don't let it get dirty. Cleanse often by putting in a pail of lukewarm soapsuds, or hold under a faucet.

Don't use a broom straw to test a cake. It is not neat and is very dangerous, as many brooms are soaked in an arsenical solution to give them their green color.

Don't sweep with your back. Use your arms and the broom, with not too long a stroke.

Don't put salt on the floor when about to sweep. Dampen a newspaper, tear in pieces and throw on the carpet.

RECIPES FOR DAINTIES.

Roll freshly roasted peanuts to a powder. Mix with thick mayonnaise dressing. Spread slices of buttered rye bread with the mixture.

Chop hickory nuts, walnuts and pecans, a cup of each. Mix with half the quantity of hard-boiled eggs mashed to paste. Then mix mayonnaise dressing. Slice and butter bread, cover each slice with a crisp lettuce leaf and spread with the nut paste.

Clear jellies are much more attractive to the eye than are clouded molds, yet one sees many of the latter sort. To obtain perfect results with gelatine, boil the mixture for a moment with the beaten white of an egg, then strain through a fine sieve.

BOOKS AND PAMPHLETS RECEIVED.

THE NEUROTIC ORIGIN OF PULMONARY CONSUMPTION. Reprinted from the New York Medical Journal for February 15, 1896.

A CONSIDERATION OF CERTAIN DOUBTFUL POINTS IN THE MANAGEMENT OF ABORTION. By Charles P. Noble, M. D. Reprinted from the Therapeutic Gazette, January, 1896.

AN OUTLINE OF THE PHYSICAL THEORY OF FERMENTATION, IMMUNITY AND INFECTION, AND ITS BEARING ON THE RATIONALE OF SERUM THERAPY. J. W. McLaughlin, M. D., Austin, Texas. Reprint from Transactions Texas State Medical Association, 1895.

THE KINETIC AND THERAPEUTIC ENERGY OF DRUGS. By J. W. McLaughlin, M. D. A Theoretic Explanation of the Causes of Drug Energy, and the Rationale of its Action on the Living Tissue —Elements of the Body.

THE BACTERIOLOGY OF DENGUE. By J. W. McLaughlin, M. D., Austin, Texas. Reprint from Texas Medical News.

EVISCERATION OF THE EYEBALL. Mule's Operation—Insertion of Artificial Vitreous (Glass Ball). By L. Webster Fox, M. D. Third Paper. Reprinted from the Medical Bulletin.

BURNS OF THE CORNEA; ELECTRIC-LIGHT EXPLOSION CAUSING TEMPORARY BLINDNESS; TRAUMATIC INJURIES TO EYES—HYPOPYON. By L. Webster Fox, M. D. Clinical Lecture Delivered at the Medico-Chirurgical College, March 9, 1895. Reprinted from the Medical Bulletin.

SOME OF THE NEWER PROBLEMS IN ABDOMINAL AND PELVIC SURGERY IN WOMEN. By Dr. C. P. Noble.

A CASE OF DERMOID TUMOR OF BOTH OVARIES COMPLICATED BY A DEPOSIT OF BONE UPON EACH SIDE OF THE TRUE PELVIS, HAVING NO CONNECTION WITH THE TUMORS. By Charles P. Noble, M. D., and Joseph P. Tunis, M. D. From the American Journal of the Medical Sciences, December, 1895.

ELECTRICITY IN ELECTROTHERAPEUTICS. By Edwin J. Houston, Ph. D., and A. E. Kennelly, Sc. D. Cloth. 412 pages, 128 illustrations. Price, $1. The W. J. Johnston Company, Publishers, 253 Broadway, New York.